



# WISEWOMAN™

Well-integrated Screening and Evaluation  
for Women Across the Nation

## WISEWOMAN SERVICES

### 2017-2018

Missouri Department of Health and Senior Services  
Division of Community and Public Health / Bureau of Cancer and Chronic Disease Control  
920 Wildwood Dr., PO Box 570, Jefferson City MO 65102-0570  
Phone: 573-522-2806 or toll free at: 866-726-9926 Fax: 573-522-2896  
Web address: [www.health.mo.gov/WISEWOMAN](http://www.health.mo.gov/WISEWOMAN)

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## OVERVIEW OF THE WISEWOMAN PROGRAM

Welcome to the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program. This program is offered through the Missouri Department of Health and Senior Services (DHSS). The purpose of the WISEWOMAN Provider Manual is to help participating health professionals understand program requirements and provide services to program-eligible women.

This manual is intended to offer an integrated approach in providing Show Me Healthy Women (SMHW) and WISEWOMAN services. It is designed to provide important information needed to enroll clients into the SMHW and WISEWOMAN programs, explain health professional roles and responsibilities, define reimbursable services and provide necessary reimbursement and billing information. It also includes a framework for clinical guidelines to adhere to program standards. The SMHW and WISEWOMAN staff are available to assist providers on a regular basis using e-mail, telephone, and on-site visits as needed. Help is available from the SMHW and WISEWOMAN staff by calling toll free at 866-726-9926 or 573-522-2806.

### WISEWOMAN VISION AND MISSION



**WISEWOMAN™**

Well-integrated Screening and Evaluation  
for Women Across the Nation

#### VISION STATEMENT

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- ♥ A world where any woman can access preventive health services and gain the wisdom to improve her health.

#### MISSION STATEMENT

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- ♥ Provide low-income, under-insured or uninsured 35-64 year old women with the knowledge, skills and opportunities to improve their diet, physical activity and other life habits to prevent, delay or control cardiovascular and other chronic diseases.

## WISEWOMAN PROGRAM HISTORY

<http://www.cdc.gov/wisewoman>

- ♥ Congress amended the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Public Law 101-354 in 1993 to create the WISEWOMAN Program. The WISEWOMAN Program addresses women's risk for heart disease and stroke by providing cardiovascular disease (CVD) health screenings and risk reduction lifestyle education for NBCCEDP clients.

## NBCCEDP AND WISEWOMAN SIMILARITIES

NBCCEDP shares an established infrastructure with WISEWOMAN to provide integrated services including:

- ♥ Recruiting and working with women eligible for services.
- ♥ Delivering screening services through an established health care delivery system.
- ♥ Collecting and reporting minimum data elements (MDEs) used to track, monitor and evaluate program efforts.
- ♥ Providing professional development opportunities for staff, providers and partners.
- ♥ Providing public education to raise awareness about the need for women to receive program services.
- ♥ Assuring that quality care is provided to women participating in the program.



## WISEWOMAN CONTRACTUAL AGREEMENTS

The SMHW and WISEWOMAN programs utilize contracts with service providers to deliver program services. Contracts are available for SMHW only services or for providers who choose to deliver both SMHW and WISEWOMAN services.

### WHAT WE DO

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- ♥ Establish annual contracts for screening providers.
- ♥ Provide an easily accessible program manual that describes screening, follow-up, education and reporting guidelines based on national Centers for Disease Control and Prevention (CDC) guidelines.
- ♥ Require providers utilize the Clinical Laboratory Improvement Amendments of 1988 (CLIA) approved laboratories or assure laboratory equipment is CLIA waived.
- ♥ Provide Regional Program Coordinators (RPCs) for each geographic region to assist providers with training, technical assistance, and tracking clients with abnormal values to ensure clients receive appropriate follow-up.
- ♥ Provide a WISEWOMAN Education Coordinator to assist with any WISEWOMAN Program needs.
- ♥ Provide training and technical assistance to provider staff.
- ♥ Provide client recruitment targeting ethnically diverse program-eligible women.
- ♥ Provide client educational materials and tools.
- ♥ Provide required reporting forms and data system for submitting service reports.
- ♥ Reimburse providers for allowable services according to the Medicare 01 region rates.
- ♥ Monitor provider services to assure quality standards.
- ♥ Maintain a central data system for tracking and reporting required data to CDC.
- ♥ Assist the service providers with client case management/follow-up and annual evaluation screening efforts.
- ♥ Provide promotional items, literature and other public educational materials when available.



## WISEWOMAN MEDICAL ADVISORY COMMITTEE

The Quality Health Care Work Group of the Missouri Heart Disease and Stroke Prevention Partnership serves as an advisory group for the WISEWOMAN program. The Quality Health Care Work Group is a work group originating from the Heart Disease and Stroke Partnership formed in August 2009. The purpose of the Quality Health Care Work Group is to assist programs with planning and implementing interventions focusing on quality health care issues for heart disease and stroke. These topics relate to grant priorities and to provide medical advice on protocols, policies, and diagnostic guidelines, program questions requiring a medical interpretation and funding applications.



# WISEWOMAN PROVIDER CONTRACT REQUIREMENTS

All of the following provider contract requirements must be met.

## COMPLETE PROVIDER APPLICATION

- ♥ Annually complete and sign the Provider Application and Provider Contract at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehandywomen/forms.php>.

## RECRUIT CLIENTS BY THE FOLLOWING ACTIVITIES

- ♥ All SMHW clients should be offered WISEWOMAN Services to increase recruitment to the program.
- ♥ Display recruitment and educational information in waiting areas and examination rooms.
- ♥ Provide materials on screening services to all eligible women attending clinics in the facility.
- ♥ Coordinate recruitment activities with the DHSS staff, WISEWOMAN Education Coordinator or RPCin your area.
- ♥ .

## ATTEND TRAINING

- ♥ Attend SMHW/WISEWOMAN provider staff trainings.
- ♥ New providers of SMHW/WISEWOMAN services must participate in an on-site training session by DHSS staff prior to providing services.
- ♥ Ensure staff is well-trained in program protocols prior to delivering services. Require at least one (1) staff member to participate in an orientation training delivered by DHSS program staff upon initial contract application.
- ♥ Facilitate attendance/participation of staff members responsible for submission of data forms and clinical services at annual trainings that provide policy and procedure updates and review.
- ♥ Request DHSS training sessions when new staff are hired.

## REGISTER CLIENTS FOR SERVICES

- ♥ Obtain clients' signatures on the SMHW/WISEWOMAN Client Eligibility Agreement Form annually.
- ♥ Annually provide clients with the current DHSS patient privacy rights statement in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations prior to receiving services. The client must receive this information along with the HIPAA statement from the provider facility. The provider must retain documentation of this action.

## COMPLY WITH HIPAA REGULATIONS

- ♥ Comply with current HIPAA regulations (<http://www.health.mo.gov/information/hipaa/>) in delivering services.

## UTILIZE MEDICAL STAFF

- ♥ All personnel are appropriately qualified and licensed or certified as regulated by Federal, State or local law, statute or regulation respective to the services to be provided.

## LABORATORIES

- ♥ Utilize only laboratories that adhere to all applicable standards established under the Clinical Laboratory Improvement Amendments (CLIA) of 1988 or are CLIA waived.

## ON-SITE QUALITY ASSURANCE REVIEWS

- ♥ Agree to on-site record reviews by qualified DHSS staff six (6) months after initial services begin and every two (2) years thereafter, or more frequently if requested by the DHSS.

## NOTIFY CLIENTS

- ♥ Notify clients of non-program-covered services. Notify the client in writing of any services not covered by the programs **prior to** providing any non-program-covered services.

## BILLING CLIENTS

- ♥ Ensure clients do not receive bills (invoices) for services covered by the SMHW or WISEWOMAN programs.

## ELECTRONIC DATA AND REPORTS

- ♥ Enter all data and reports electronically into the SMHW/WISEWOMAN central data management computer-tracking program, Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC).

## REPORTING FORM

- ♥ Submit data on a reporting form **within 60 days of the last date of service**. An exception should be noted for end-of-grant-year services. The end-of-year billing deadline notification is sent to providers annually via e-mail.

## ELECTRONIC REIMBURSEMENT

- ♥ Agree to receive WISEWOMAN reimbursements through Electronic Funds Transferred (EFT). WISEWOMAN reimbursement rates and CPT codes can be viewed in Section 16; WISEWOMAN Billing Guidelines.

## RECORDING AND MAINTAINING DOCUMENTATION

- ♥ Complete and maintain documentation on all client eligibility, screening and case management services outlined in this manual. **Maintain client records for at least seven (7) years.**

## ASSURE FOLLOW-UP

- ♥ Assure all clients identified through screenings that have suspicious, abnormal, or alert test results receive appropriate follow-up services, including case management, rescreen, diagnostic evaluation, treatment referral and/or education services according to program protocols. These services may be provided directly by the contracted provider or by an established referral sub-contractor that meets SMHW/WISEWOMAN program requirements.

## COMMUNICATING WITH SUB-CONTRACTORS

- ♥ Ensure that communications with sub-contractors include notification and approval from the SMHW/WISEWOMAN provider prior to the subcontractor's provision of additional tests. This communication is necessary to be sure the subcontractor's services and reimbursements will meet SMHW/WISEWOMAN program guidelines. Providers are also responsible for ensuring that clients understand why they are being referred and what services will be provided. It is the recommendation of DHSS that a written agreement between each sub-contractor and each SMHW/WISEWOMAN provider is complete.

## SUBCONTRACTOR REQUIREMENTS

- ♥ Ensure subcontractors meet the requirements specified in these guidelines (i.e., MQSA, CLIA, etc.). Subcontracted services may include:

WISEWOMAN Diagnostic Office Visits  
WISEWOMAN Lifestyle Education  
WISEWOMAN Laboratory Tests

## IDENTIFY AND REFER TOBACCO USERS

- ♥ Ensure that SMHW/WISEWOMAN clients who use tobacco products are referred to the Missouri Quitline 800-QUIT-NOW (800-784-8669) for free counseling. The Missouri Quitline is available free of charge to all Missouri SMHW/WISEWOMAN participants. Be sure to complete a fax referral form and fax the form to the Quitline.

## SUBMIT PERSONNEL INFORMATION

- ♥ Submit written changes of clinical, administrative or contact personnel to DHSS within 30 days.

## PROVIDERS WHO TERMINATE PARTICIPATION

### SUBMIT LETTER

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- ♥ Submit a letter to DHSS 30 days before the date of anticipated termination of services. The letter must include the date of termination of SMHW/WISEWOMAN services.

### CONTINUE TO REPORT

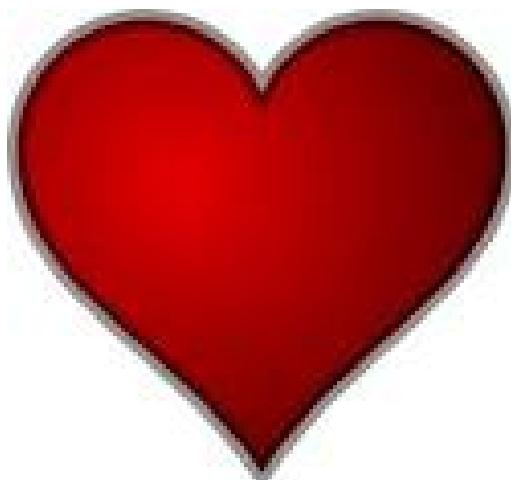
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- ♥ Continue to report all diagnostic and/or treatment information after termination on the appropriate SMHW/WISEWOMAN forms to complete all outstanding follow-up cases. To accomplish this, a provider should work closely with the Regional Program Coordinator (RPC) in their area and the WISEWOMAN Education Coordinator.

### WORK WITH RPC/WISEWOMAN EDUCATION COORDINATOR

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- ♥ Work with the RPC/WISEWOMAN Education Coordinator to inform clients where they may obtain SMHW/WISEWOMAN services in their area once the provider terminates participation.



## HOW TO BECOME A WISEWOMAN PROVIDER

If you are currently a Show Me Healthy Women provider, you can easily become a WISEWOMAN Provider by following these steps.

### CONTACT

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- ♥ Contact the WISEWOMAN Program <mailto:> staff at 573-522-2806 or toll free: 866-726-9926.

### SUBMIT REQUEST

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- ♥ Submit a written request via e-mail to the Program Manager to become a WISEWOMAN Program Provider. This e-mail must request an amendment to your current SMHW Contract and a request for WISEWOMAN funding. Please be specific with the amount of WISEWOMAN funding you are requesting. This amount should be based on the number of screenings to be provided in the grant year.
- ♥ Once the written request is received, the WISEWOMAN Program Manager will submit the contract amendment to be processed.
- ♥ Once the contract amendment has been processed at the Central Office, the WISEWOMAN Program Manager will send the amendment to the requesting provider for an administrative signature.
- ♥ Once the signature is obtained from the requesting provider, the contract amendment is then sent to be executed.
- ♥ Once the contract amendment has been executed in the State of Missouri system, the requested funding will be loaded for the provider to use for WISEWOMAN services.
- ♥ The WISEWOMAN Education Coordinator will then contact the provider to set up orientation training to the WISEWOMAN program for the provider staff. Please note, until this training has occurred with the WISEWOMAN staff, WISEWOMAN services cannot be provided to clients.
- ♥ The WISEWOMAN Central Office staff to include the Program Manager, Education Coordinator and Project Specialist is available to provide technical assistance to all providers of the WISEWOMAN Program.
- ♥ An education site visit will be conducted by the WISEWOMAN staff, six (6) months after a new provider has started providing WISEWOMAN services. The RPC will provide audits as scheduled with the SMHW program.

## HOW TO REQUEST A CONTRACT AMENDMENT

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- ♥ The Executive Director or designated fiscal liaison should send an email requesting an increase or decrease in funding, include in the email the amount to increase and or decrease.
- ♥ When sending the email, please send to the Program Manager and cc the Education Coordinator.
- ♥ If your clinic is not spending the funding the Program Manager may contact your clinic to request a decrease to place funds in other clinics where funding will be utilized. This will not have a negative effect on your clinic as we understand that circumstances may change from year to year.
- ♥ Contract amounts are reviewed quarterly. If funding is not spent, a spending plan will be requested.

## WISEWOMAN CLIENT ELIGIBILITY GUIDELINES

### SHOW ME HEALTHY WOMEN ELIGIBILITY

#### BREAST AND CERVICAL CANCER

- ♥ Eligibility for SMHW free breast and cervical cancer screenings is based on income, health insurance status and age guidelines. Income guidelines are based on 200 percent of the federal poverty guidelines. The SMHW program reimburses only for services when there is no other funding source available. Women 35 to 64 years of age are eligible for services; some age restrictions apply by age categories.

#### WISEWOMAN

- ♥ WISEWOMAN heart disease screening and education services are available to women who qualify for and receive services from SMHW.

### WISEWOMAN ELIGIBILITY GUIDELINES

#### ELIGIBILITY

- ♥ WISEWOMAN services are available only to SMHW clients. Nationally, WISEWOMAN age eligibility is 40 through 64 years of age. Missouri has an exemption from the CDC that allows up to 10% of Missouri clients to be 35-39 years of age. The age of WISEWOMAN clients will be monitored to ensure this limit is maintained.
- ♥ WISEWOMAN clients **MUST** have received at least one breast and cervical cancer screening service that was billed and approved for payment. This includes any of the following that have been paid by SMHW: a screening office visit for clinical breast exam (CBE), a mammogram, pelvic exam, or Pap test per program guidelines.
- ♥ The eligibility status of WISEWOMAN clients is verified at the screening office visit and does not change throughout the annual cycle, even if the client's eligibility changes. For example, if a client is placed on the Breast and Cervical Cancer Treatment (BCCT) program, she may continue WISEWOMAN services.
- ♥ If the client is placed on the BCCT program, she may continue with WISEWOMAN services such as health coaching, blood pressure medical follow-ups etc. through her annual cycle. The client's eligibility for the program must then be verified at the screening office visit when and if she returns for her annual rescreening.
- ♥ CDC requires integration of the WISEWOMAN screening with the SMHW screening office visits. This means all WISEWOMAN visits must be performed on the same date

of service as the client's SMHW visit unless prior approval is obtained. Integrating the SMHW and WISEWOMAN visits allow for the client to receive all of her services in one day creating a convenient office visit for the client. No separate WISEWOMAN office visit fee is allowed with this integrated screening office visit; the one screening office visit fee is funded entirely by SMHW.

- ♥ CDC does allow a maximum of 10% of WISEWOMAN screenings to be non-integrated. The WISEWOMAN Central Office staff **MUST** pre-approve all non-integrated screening office visits. This policy assures the CDC limit is tracked and maintained. Please note WISEWOMAN services **CANNOT** occur **PRIOR** to SMHW services. If this occurs, the claim will be denied.
- ♥ WISEWOMAN reimburses for the cardiovascular health (CVH) screening lab tests, risk reduction counseling, diagnostic office visits for medical evaluation of abnormal screening results, blood pressure medical follow-up, health coaching, lifestyle education programs (LSP) and annual rescreening.
- ♥ WISEWOMAN clients must sign the joint Client Eligibility Agreement to acknowledge willingness to participate in the assessments, screening and lifestyle education services. The joint form can also be found on the following web address: <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providers.php>.
- ♥ The WISEWOMAN Program in its entirety must be explained to the client to include diagnostic visits for abnormal results, blood pressure medical follow-up, health coaching, lifestyle education programs and annual rescreening. It is NOT mandatory that the client participate in any of the above services, however, it should be encouraged by the screening provider.

## INCOME GUIDELINES

Household Size	SMHW Annual	SMHW monthly	SMHW weekly	SMHW Hourly
1	\$ 24,120.00	\$2,010.00	\$464.00	\$11.59
2	\$32,480.00	\$2,707.00	\$625.00	\$15.61
3	\$40,840.00	\$3,403.00	\$785.00	\$19.63
4	\$49,200.00	\$4,100.00	\$946.00	\$23.65
5	\$57,560.00	\$4,797.00	\$1,107.00	\$27.67
6	\$65,920.00	\$5,493.00	\$1,268.00	\$31.69
7	\$74,289.00	\$6,190.00	\$1,428.00	\$35.71
8	\$82,640.00	\$6,887.00	\$1,589.00	\$39.73
Each additional person, add:	\$8,360.00	\$697.00	\$161.00	\$4.01

- ♥ Clients must have an income at or below 200 percent of the federal poverty income guidelines. Adjusted gross income on tax return or net amount on the pay stub determines income eligibility.

## INSURANCE STATUS OF UNINSURED OR UNDERINSURED

Please see SMHW manual Client Eligibility Section for table on Health Insurance Status.

- ♥ Providers may use the SMHW/WISEWOMAN joint Client Eligibility Agreement form to document insurance status of the client. Copies of these forms are located on the website at the following web address: <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providerforms.php>.

## MO HEALTHNET (MEDICAID)

- ♥ Please see SMHW manual Client Eligibility Section for information on client's with MO HealthNet (Medicaid).

## MEDICARE

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- ♥ Women enrolled in Medicare Part B are not eligible for SMHW/WISEWOMEN services. Medicare Part B covers breast and cervical cancer screenings. Refer women with Medicare Part B coverage to providers who accept Medicare reimbursement.
- ♥ Women who meet SMHW/WISEWOMAN eligibility requirements and cannot pay the premium to enroll in Medicare Part B are eligible for SMHW/WISEWOMAN screening services. If women are eligible to receive Medicare Part B benefits and not enrolled, encourage them to enroll.
- ♥ SMHW/WISEWOMAN programs are the payers of last resort. Providers may call program for guidance.

## INSURANCE

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- ♥ Please see SMHW manual Client Eligibility Section for information on Insurance Guidelines.

## DOCUMENTATION AND CERTIFICATION OF CLIENT ELIGIBILITY

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- ♥ The clients must sign a SMHW/WISEWOMAN joint Client Eligibility Agreement form that is retained in the client's record each year. Refer to this form on the following web link: <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providerforms.php>.
- ♥ Providers must obtain documentation of income, age eligibility and address, if available, on an annual basis and place a copy of the documentation in the client's record. (Electronic or paper medical records are acceptable.)

The following may be used for proof of income and/or age:

- Driver's license
- Medicare card
- Birth certificate
- Unemployment insurance
- Pay stub (net amount)
- Income tax forms (annual adjusted gross income)
- Food stamps
- WIC voucher
- Social Security award letter

- Once eligibility is determined, screening providers must verify eligibility on all reporting forms. To comply with the quality assurance policy, 50 percent of client records must contain proof of eligibility.
- Provider must retain information in clients' charts regarding the green history form, and review this information with each additional annual screening. Client records must be available for seven (7) years. Refer to the following web link: <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providerforms.php>.

## FREE TRANSPORTATION FOR CLIENTS

- Free transportation is available for WISEWOMAN clients. Providers should contact WISEWOMAN staff or the RPC assigned to their area and request a travel voucher booklet. All program services qualify for transportation services, including initial office visits, lab visits, follow-up diagnostic visits, lifestyle education sessions (to include health coaching sessions, Eating Smart Being Active (ESBA) classes or other lifestyle education programs where a transportation contract is in place), and annual rescreening in the contracted counties.

 <p><b>FREE</b> <b>Breast and Cervical</b> <b>Cancer Screening</b> <b>Program</b></p> <p><i>Removing barriers to life saving cancer screenings for women.</i></p>	<p style="text-align: center;"><b>Transportation Voucher</b></p> <p><b>County:</b> _____</p> <p><b>Trip Date:</b> _____</p> <p><b>Appointment Time:</b> _____</p> <p><b>Client Signature:</b> _____</p> <p><b>Clinic Signature:</b> _____</p>
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\*\*Please Note these vouchers **CAN** be used for **BOTH** Show Me Healthy Women and WISEWOMAN Services\*\*

Note: Call the SMHW/WISEWOMAN office toll free at 866-726-9926 or 573-522-2845 to receive a book of 48 vouchers.

## TRAVEL VOUCHER INSTRUCTIONS

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- ♥ Funds are available through SMHW and WISEWOMAN to cover the cost of transportation to help remove the barrier of access to care in receiving screening, diagnostic, **and** education services.
- ♥ Transportation services are available in all counties, except for Ripley, Scott and St. Louis City. Please call the WISEWOMAN Education Coordinator or RPC for assistance in those areas. Services are available Monday through Friday, with charges based on urban or county trips and one-on-one or regular-route travel. When a client calls to make an appointment for a SMHW or WISEWOMAN screening, diagnostic, or education services, please ask her the following questions **before** making an appointment date and time for her:

### DO YOU NEED TRANSPORTATION?

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- ♥ If yes, explain that free transportation is available for SMHW/WISEWOMAN participants. The transportation providers will pick her up at her home, take her to the clinic, and return her to her home. The transportation services will only provide transportation to and from a clinic appointment.
- ♥ Check with the transportation provider in your area for the transportation schedule. If possible set up an appointment date and time that coincides with the transportation provider's schedule. If it is not possible to coordinate an appointment time, a special bus can be arranged if available by calling the transportation provider. After you have set a time and date for an appointment, please ask the client the following questions:
  - What is your address and telephone number? If the client does not have a phone, ask for a neighbor's telephone number or for another number where she can be reached.
  - The transportation driver may not be familiar with your address; can you give me directions on how to find your home?

### DO YOU NEED ANY SPECIAL ASSISTANCE?

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- ♥ If the client needs an assistant or helper, SMHW/WISEWOMAN will pay for transportation for one extra person. If necessary, the client may bring a child along. If a disabled client needs more than one assistant, call WISEWOMAN for approval. If client has special medical equipment such as a wheelchair or oxygen, please inform the transportation provider at time of scheduling.

## TRAVEL VOUCHERS

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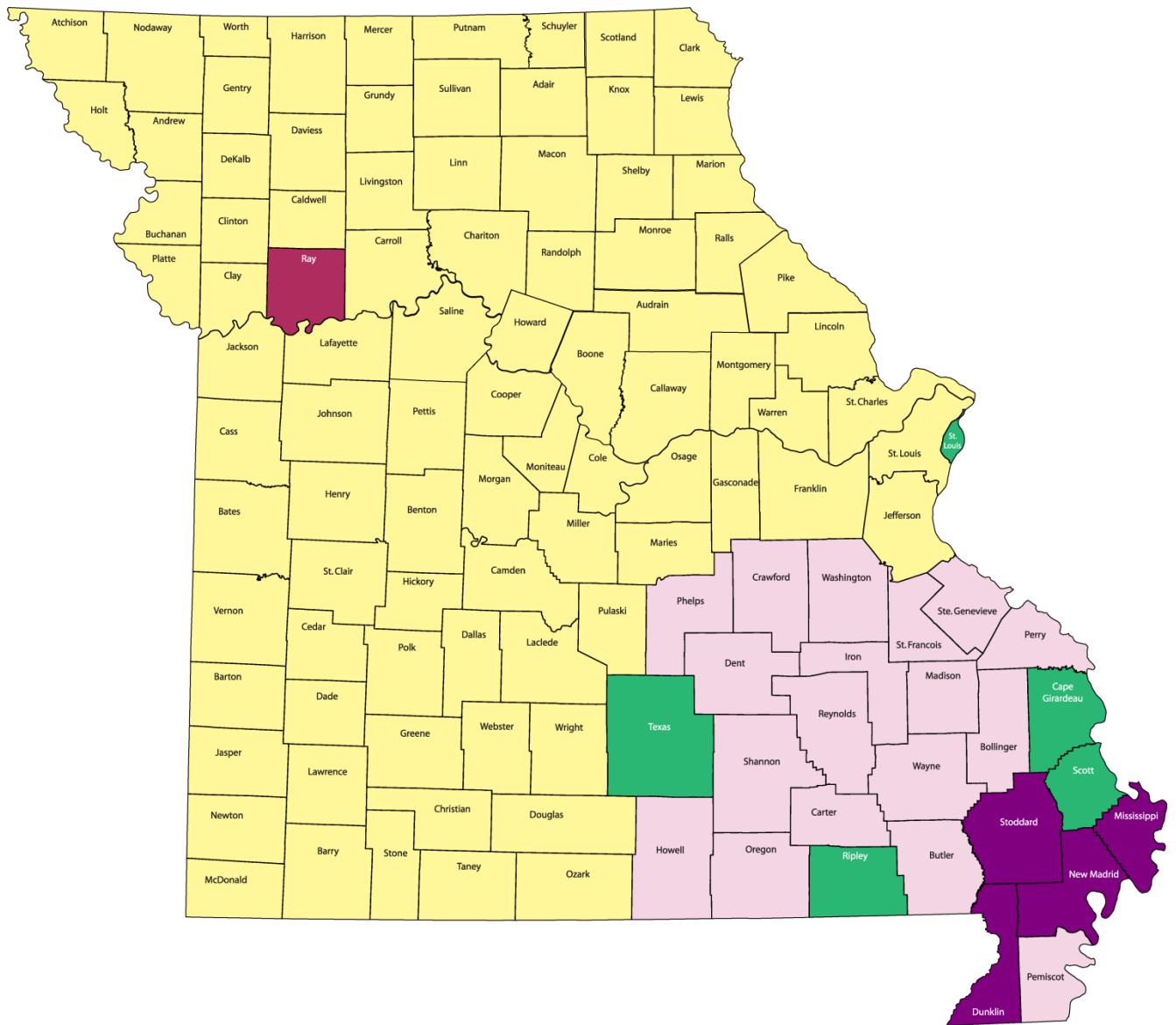
- ♥ The provider can mail the travel voucher to the clients' home address with the date and time of the appointment. The client will need to give the transportation driver the voucher when he or she comes to their home. Each voucher is for a round-trip to the clinic performing the clinical services.
- ♥ After you talk to the client, call the transportation office that is closest to your facility, and identify yourself as the SMHW/WISEWOMAN contact person. Give the transportation office the information you have obtained from the client.
- ♥ Complete the travel voucher, and include your facility name and site code number. If the client will bring an assistant or a child, that person needs a voucher also. Mail the voucher(s) to the client.
- ♥ Once the client presents the vouchers to the transportation service, the transportation services sends SMHW/WISEWOMAN the invoice for the provided transportation. The transportation company does not render any fees from the client or the referring provider.
- ♥ Notification of cancellation to the transportation provider is required to avoid a penalty charge to SMHW/WISEWOMAN for the cost of a one-way trip.
- ♥ Contact the transportation provider for questions related to transportation services. A complete list of transportation providers, service areas and contact information is on the following page. Address WISEWOMAN questions to the central office by calling toll free at 866-726-9926 or 573-522-2806.

Please note again when addressing barriers to appointments for WISEWOMAN services such as health coaching, Eating Smart-Being Active or other lifestyle programs (TOPS, or Diabetes Prevention Program), that if the client identifies transportation as a barrier, these vouchers can be used for WISEWOMAN.

## SMHW/WISEWOMAN TRANSPORTATION PROVIDERS

<b>Contractor/County(ies)</b>	<b>Telephone Number</b>		
<b>Dunklin County Transit Service .....</b>	<b>573-276-5806</b>		
Dunklin	New Madrid	Mississippi	Stoddard
<b>Ray County Transportation .....</b>	<b>816-776-8058</b>		
Ray			
<b>Southeast MO Transportation .....</b>	<b>573-783-5505</b>		
Bollinger	Iron	Reynolds	Butler
Madison	St. Francois	Carter	Oregon
Ste. Genevieve	Crawford	Pemiscot	Shannon
Dent	Perry	Washington	Howell
Phelps	Wayne		
<b>Oats, Inc.....</b>	<b>573-443-4516</b>		
Adair	Cooper	Lafayette	Platte
Andrew	Dade	Lawrence	Polk
Atchison	Dallas	Lewis	Pulaski
Audrain	Davies	Lincoln	Putnam
Barry	DeKalb	Linn	Ralls
Barton	Douglas	Livingston	Randolph
Bates	Franklin	McDonald	St. Charles
Benton	Gasconade	Macon	St. Clair
Boone	Gentry	Maries	St. Louis Co
Buchanan	Greene	Marion	Saline
Caldwell	Grundy	Mercer	Schuylerville
Callaway	Harrison	Miller	Scotland
Camden	Henry	Moniteau	Shelby
Carroll	Hickory	Monroe	Stone
Cass	Holt	Montgomery	Sullivan
Cedar	Howard	Morgan	Taney
Chariton	Jackson	Newton	Vernon
Christian	Jasper	Nodaway	Warren
Clark	Jefferson	Osage	Webster
Clay	Johnson	Ozark	Worth
Clinton	Knox	Pettis	Wright
Cole	Laclede	Pike	
<b>No Contract .....</b>	<b>Call local RPC for assistance</b>		
Cape Girardeau	Ripley	Scott	St. Louis City
Texas			

# SMHW/WW TRANSPORTATION PROVIDERS



	Ray County Transportation	816-776-8058
	Southeast Missouri Transportation	573-783-5505
	Oats, Inc.	573-443-4516
	No contract	Call local RPC for assistance
	Dunklin County Transit Service	573-276-5806

## WISEWOMAN SERVICES OVERVIEW

The Missouri WISEWOMAN Program provides heart disease and stroke prevention health screenings and education to clients of the SMHW Program, Missouri's National Early Breast and Cervical Cancer Control Project.

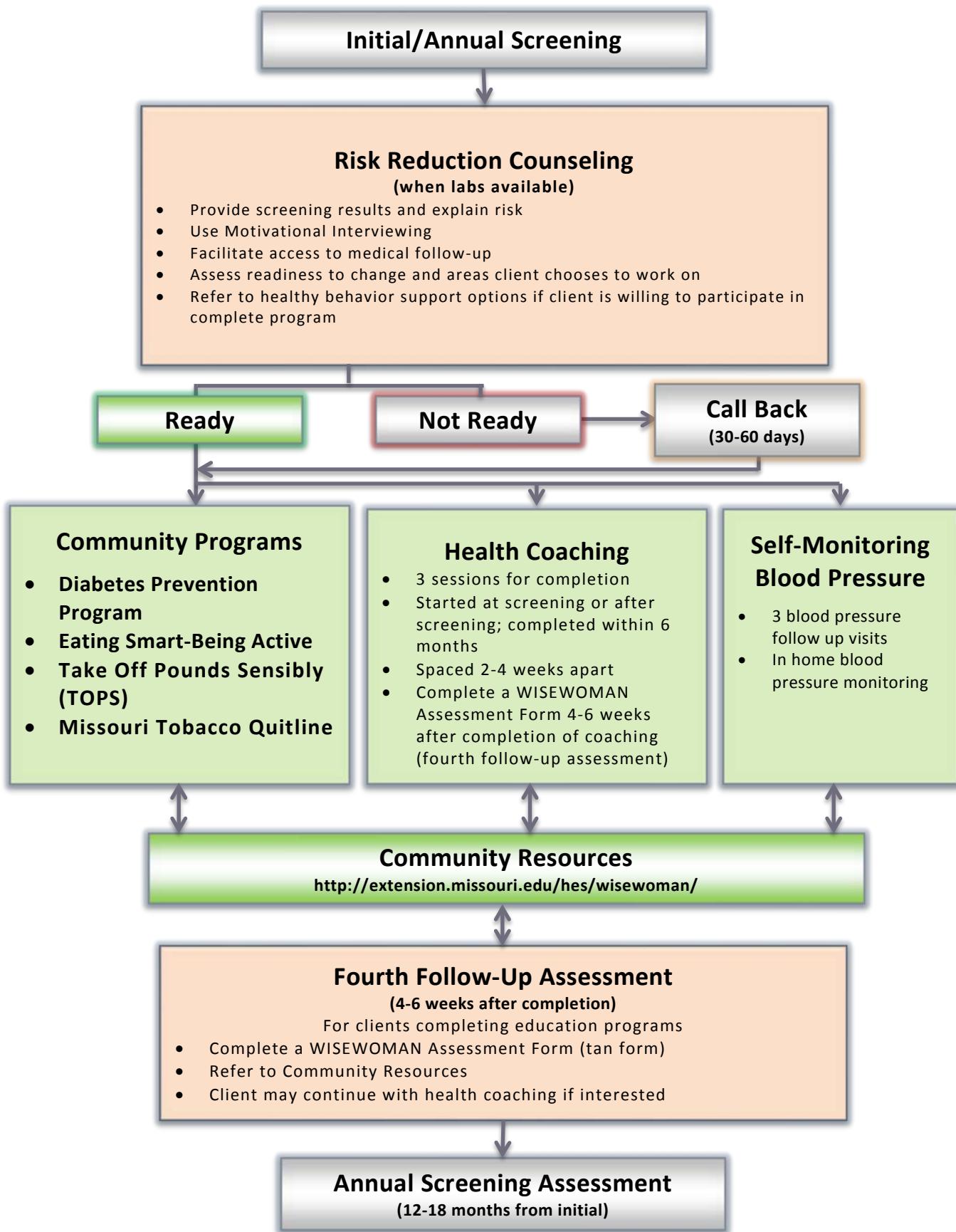
Missouri is one of 22 projects in the nation funded by the CDC.

### WISEWOMAN SERVICES INCLUDE:

- ♥ Cardiovascular Health risk factor assessments and screening tests
- ♥ Medical diagnostic and referral services for abnormal screening results
- ♥ Blood pressure medical follow-up face-to-face to support control of hypertension
- ♥ Lifestyle Education Programs (LSP)
  - Health Coaching
  - Community Lifestyle Education Programs, such as the Diabetes Prevention Program (YMCA of Greater St. Louis and Kansas City) and Eating Smart-Being Active (University of Missouri Extension), and Take Off Pounds Sensibly (TOPS).
- ♥ Referrals to community resources to support healthy lifestyle habits
- ♥ <http://extension.missouri.edu/hes/wisewoman/>



## WISEWOMAN SERVICE DELIVERY FLOW CHART



## WISEWOMAN INITIAL/ANNUAL SCREENING SERVICES

### REGISTRATION

#### CLIENT SIGNS AND COMPLETES THE FOLLOWING FORMS DURING REGISTRATION

- ♥ Joint SMHW/WISEWOMAN participation agreement.
- ♥ Client completes the Patient History form (green form). It is recommended that this form is completed and updated in the MOHSAIC system yearly as client's information may change.
- ♥ Client completes the WISEWOMAN Assessment form (tan form) prior to the clinical screening as part of the registration process. Assessment questions include personal history of cardiovascular disease (CVD), cholesterol, blood pressure or diabetes medication status, lifestyle habits that effect CVD risk, and readiness to change habits. The clinic staff should review this form with the client to minimize any unknown, missing, or incorrect information. The form must be completed in its entirety for the screening to be complete and the record to be valid.
- ♥ WISEWOMAN annual screenings and assessments shall occur 12 months following a previous screening assessment. The annual screening assessment repeats the same assessments, clinical measurements, follow-up and referrals as the initial assessment.
- ♥ Health coaching sessions will be reimbursed up to the 12 month rescreening time period. Following the 12 month time period, for any further health coaching sessions to be reimbursed, the client MUST have her annual rescreening.
- ♥ Please note: The rescreening time does differ from SMHW (rescreening can occur as early as 10 months). In order for the WISEWOMAN program to reimburse for the WISEWOMAN screening, the visits should occur at the 12 month mark, unless the client is having breast or cervical issues, then contact the WISEWOMAN Education Coordinator for further guidance.



## WISEWOMAN CLINICAL MEASUREMENTS

- ♥ The following clinical measurements are obtained during the SMHW/WISEWOMAN screening office visit:

- Height and weight for Body Mass Index (BMI)

- ♥ BMI is calculated using the following formula. Use the BMI chart (in WISEWOMAN Tools and Resources) or a BMI wheel for quick BMI assessment. Below is a BMI calculator web address: [http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm).

$$\begin{array}{r} \text{Weight (kg)} \\ \text{BMI} \quad \frac{\text{Height}}{=} \quad \text{BMI} \quad \frac{\text{Weight (lbs.)}}{=} \\ \text{Squared (m}^2\text{)} \quad \text{Height} \quad \text{Squared (in}^2\text{)} \end{array} \quad \times 703$$

- Waist and hip circumference ratio (optional but recommended)
- Calculate waist to hip ratio by measuring the circumference of an individual's waist and dividing that number by the circumference of the individual's hips.
- To measure the waist and hips you will need a soft, flexible tape measure. Measure while the client is standing in a relaxed position.

♥ Measure at the smallest portion of the natural waist. This is usually just above the belly button.

♥ Measure at the widest part of the hips and buttocks.

♥ Keep the measuring tape horizontal all the way around the waist, hips and buttocks.

♥ Keep the measuring tape tight but do not compress or pinch the skin.

♥ Divide the waist measurement by the hip measurement to get the ratio. For women, a normal ratio is .80 or below.

### Waist to Hip Circumference Ratio Chart

Female Health Risk Based Solely on WHR

0.80 or below .....	Low Risk
0.81 to 0.85 .....	Moderate Risk
0.85+.....	High Risk

- Changes in the waist and hip circumference ratio have been proven to demonstrate progress on improved health status at an earlier stage than the BMI. The measurement is not required, but is highly recommended.
- Waist to hip circumference ratio does not take into account lean body mass or fat mass, so a person could have a high waist to hip ratio but have a low body fat percentage.

## TWO ACCURATE BLOOD PRESSURE MEASUREMENTS

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- ♥ Clients should refrain from smoking, exercising or ingesting caffeine for at least 30 minutes before measurement.
- ♥ Clients should be seated quietly for at least five (5) minutes in a chair (rather than on an exam table), with both feet on the floor, and arm supported at heart level.
- ♥ Clients should be relaxed and not talking.
- ♥ An appropriate size cuff (cuff bladder encircling at least 80 percent of the arm) should be used to ensure accuracy. Many adults require a large adult cuff.
- ♥ Make the measurement with a mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device.
- ♥ Systolic Blood Pressure (SBP) is the point at which the first of two (2) or more sounds is heard (phase one) and Diastolic Blood Pressure (DBP) is the point before the disappearance of sounds (phase five).
- ♥ At least two (2) measurements, separated by about two (2) minutes, should be measured and recorded.
- ♥ In order for the blood pressure measurements to be valid, the two (2) blood pressure values must differ. If the two (2) blood pressure measurements are identical, a third blood pressure should be taken with a manual blood pressure cuff in order to ensure accuracy.
- ♥ Clinicians should provide the client, both verbally and in writing, their specific blood pressure numbers and goals.
- ♥ It is **required** that a WISEWOMAN client with abnormal blood pressure values receive a follow-up. This follow-up could be a diagnostic office visit, a blood pressure medical follow-up or a health coaching session.
- ♥ If the client returns to the clinic for the reason of blood pressure issues, two (2) blood pressure values are to be recorded.
- ♥ More information regarding blood pressure and blood pressure management can be found in the section on Blood Pressure Management.

## WISEWOMAN LAB WORK (FASTING OR NON-FASTING)

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**Labs may be completed 30 days before or after screening date.** If lab work is not completed on the same date as the screening visit, please document this in the 'Comments' Section of the form with the date the labs were completed.

- ♥ Laboratory tests **required** for the WISEWOMAN Program include the following.  
Please note if these labs are not obtained, the record will be invalid and cannot be reimbursed by the WISEWOMAN Program:
  - Total Cholesterol (TC),
  - HDL-Cholesterol (HDL-C), **and**
  - Fasting glucose **or** A1C (fasting or non-fasting).
- ♥ Fasting laboratory tests are preferred in accordance with national clinical guidelines. The client's fasting status will determine which lab tests to order and will determine which labs can be entered in the MOHSAIC system. The fasting status of the client is checked on the WISEWOMAN Screening Form.



## Reimbursable Lab Work for the WISEWOMAN Program:

### Total Cholesterol and HDL Cholesterol, or Fasting Lipid Panel

1. If client is fasting, obtain a Fasting Lipid Panel (FLP). The Fasting Lipid Panel contains a Total Cholesterol, HDL, LDL and Triglycerides. All numbers **must be** entered on the WISEWOMAN Screening Form to be reimbursed for the Fasting Lipid Panel. Please note, if you use an in house machine and one field does not read the values, please enter a note in the 'Comments' section of the form.
2. If client is not fasting, obtain only TC and HDL-C. These two (2) values must be obtained as a minimum for the record to be valid and the screening to be reimbursed.
3. **Only one (1)** FLP reimbursement per client, per year. If the client presents to the clinic non-fasting, a TC and HDL-C should be obtained. The client can then return at a different date and present fasting for a lipid panel to be drawn.

### Fasting Blood Glucose or Hemoglobin A1C

1. Blood glucose **must be** fasting. Either quantitative blood glucose or reagent strip blood glucose is acceptable.
2. If the client is fasting or non-fasting, an A1C can be obtained. **Only one (1)** A1C will be reimbursed per client, per grant year.

#### Non-Fasting Client

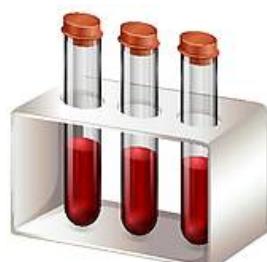
Total blood cholesterol  
HDL  
A1C

#### Fasting Client

Fasting Lipid Panel  
Glucose quantitative/reagent strip  
or A1C

## LAB WORK REMINDERS

- ♥ If non-fasting labs are obtained, reimbursement for a second lab work may be possible if non-fasting labs are abnormal.
- ♥ Second lab tests must be fasting and obtained on a different date.
- ♥ If possible, complete the second blood work before a diagnostic office visit so the results will be available for review.
- ♥ Second fasting lab work is billed in the MOHSAC system as a 'Lab Only' under the Services of 'Diagnostic'
- ♥ If a client is seen for a diagnostic office visit, the lab work from the Screening Form does not need to be reentered on the Diagnostic Form. The WISEWOMAN Program is only able to reimburse for one (1) set of labs per client, per year.
- ♥ Lab results must be presented to the client both verbally and in writing.



## WISEWOMAN RISK REDUCTION COUNSELING

### RISK REDUCTION COUNSELING OVERVIEW

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Client-centered Risk Reduction Counseling (RRC) is a major component of the WISEWOMAN Program. RRC, when skillfully provided, can help WISEWOMAN clients become effective and informed managers of their health and health care. Studies indicate that clients who are engaged and actively participate in their own care have better health outcomes. Please refer to the Resources and Tools Section of the WISEWOMAN manual for additional tools on RRC and a sample RRC conversation with a client.

### RISK REDUCTION COUNSELING REQUIREMENTS

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To Provide Risk Reduction Counseling, providers must comply with the following requirements:

- ♥ Provide RRC to all WISEWOMAN clients face-to-face at the time of their screening visit. If laboratory results are not available at the time of the screening visit, providers must provide counseling based on available information. Providers must **complete** RRC when laboratory results are available. This can be provided by telephone or face-to-face and a written copy sent to the client. The date the labs are reviewed with the client is the date that is entered in the MOHSAIC system as the RRC has been completed.
- ♥ Provide the client her screening results, interpretation of these results, and recommendations in accordance with national guidelines. It is required to provide screening results to the client both verbally and in writing.
- ♥ During the Risk Reduction Counseling Session, providers must perform the following with the client:
  - Discuss the client's screening and health risk assessment results.
  - Assure client understands her CVD risk as compared to other women her age.
  - Refer for medical follow-up as needed to include diagnostic office visit, blood pressure medical follow-up or health coaching.
  - Consider a client's language, health literacy, and cultural background in the interaction.
  - Use Motivational Interviewing (MI) skills.
  - Assess readiness to change; refer to the assessment section completed by the client.
  - Determine areas which the client is willing to work: healthy eating, physical activity, smoking cessation or blood pressure management.

- Collaboratively identify goals and strategies to support goals (e.g. lifestyle programs and other healthy behavior support options).
- Refer and facilitate access to healthy behavior support options (e.g., health coaching, Eating Smart-Being Active, Diabetes Prevention Program, TOPS and/or community based resources).
- Obtain permission to check back in 30-60 days to follow-up if participant is either not ready or interested in healthy support options.
- Arrange for follow-up (diagnostic visit, blood pressure medical follow-up or health coaching session) for clients with disease level hypertension.
- Reduce barriers to understanding the treatment regimen and assist with low cost medications if needed. Please refer to Resources and Tools for information on access to low cost medications.
- Document on the screening form if the client is not cleared to increase her physical activity.

♥ WISEWOMAN RRC should be initiated in person at the initial WISEWOMAN screening office visit and should be completed the same day or within 30 days of the screening date when labs are not available same day.

## RISK REDUCTION COUNSELING GUIDANCE

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### **Developing a Client-Centered Risk Reduction Plan**

A client-centered risk reduction plan should be developed collaboratively by the client and clinic staff. Clinic staff should offer options, not directives to the client. Steps should be acceptable to the client, explicit and achievable. The plan should recognize the counselor's limited role and focus on increasing the client's skills and providing resources needed to achieve behavior change.

### **Risk Reduction Counseling Skills**

There are a number of approaches and curricula designed to provide the necessary skills for effective client-centered counseling. Effective client-centered counseling includes:

- ♥ Talking with the client, rather than talking to the client.
- ♥ Responding with sensitivity and considering health literacy and cultural issues.
- ♥ Maintaining a non-judgmental attitude, using active listening, asking open ended questions.
- ♥ Supporting positive risk reduction changes already made by the client.
- ♥ Helping the participant identify barriers to risk reduction (e.g. knowledge gaps, skills needed, socio-economic and other life circumstances that are barriers to health).

## WISEWOMAN DIAGNOSTIC AND BLOOD PRESSURE MEDICAL FOLLOW-UP SERVICES

### DIAGNOSTIC OFFICE VISIT - MEDICAL EVALUATION

The WISEWOMAN diagnostic office visit is where the client is seen for an abnormal value discovered in the WISEWOMAN Screening visit. This service is completed on the grey WISEWOMAN Diagnostic Visit Form.

The diagnostic office visit is a follow-up screening assessment and is used to:

- ♥ Confirm a diagnosis of high blood pressure, high cholesterol or diabetes, or
- ♥ Assess and prescribe medication or other treatment as recommended to control risk factors.

### WISEWOMAN DIAGNOSTIC OFFICE VISIT GUIDELINES

- ♥ The WISEWOMAN Program reimburses for **one** (1) 30 minute diagnostic office visit per grant year. The reimbursement rate for the diagnostic office visit is \$107.02.
- ♥ The diagnostic office visit MUST be conducted face-to-face by either a physician or a Nurse Practitioner working with a physician. Only clinicians who are licensed to medically evaluate the abnormal screening value(s), provide diagnosis and prescribe medication are qualified to perform the diagnostic visit.
- ♥ If the screening clinic does not have a clinician who can perform the medical evaluations, the client should be referred to a qualified clinician outside of the clinic's operations. If the client is referred to an off-site clinician, the screening clinic should have an agreement with the referral clinician regarding the amount that WISEWOMAN will reimburse and how payment will be transferred from the provider to the referral clinician. If the referral physician is also a WISEWOMAN provider, they may bill directly.
- ♥ The reason for the diagnostic office visit must be documented on the form. The client can be seen for any of the following reasons: Hypertension, Blood Glucose, Blood Cholesterol, and Medications for Smoking Cessation. On the form please mark **ALL** that apply as the client can be seen for one (1) or more of these conditions.
- ♥ The client may still receive a diagnostic office visit if they have a previous history of any of the qualifying conditions, if the appropriate medical professional addressed any of the reasons for a diagnostic office visit. For example, a client with previously diagnosed hypertension, who presents to the clinic with uncontrolled hypertension

at the time of screening, can be seen for a diagnostic visit if the clinician addresses this disease with the client.

- ♥ Diagnostic visits should be scheduled, as soon as possible, after the screening assessment unless the abnormal value is an alert value. Please see the Section on WISEWOMAN Alert Values.
- ♥ The appropriate documentation must be present on the diagnostic office form. If the client is seen for a diagnostic visit on the same day as the screening visit, there is not a need to re-enter blood pressure values or lab work values. If the diagnostic office visit is performed on a different date other than the screening date of service and the visit is for blood pressure, there should be at least one (1) (preferably two(2)) blood pressure values entered on the form.
- ♥ Other documentation that must be present on a diagnostic form is any Alert Value notes if the client presents with an alert value on her diagnostic office visit, or notes pertaining to treatment plans (e.g., medications prescribed or adjusted, and/or a follow-up treatment plan for the client).
- ♥ If the client is referred to an outside clinician, it is the responsibility of the WISEWOMAN provider referring, to obtain notes from the diagnostic office visit for the WISEWOMAN Program. This would include the same documentation as above.
- ♥ If the client is referred to an outside clinician and the WISEWOMAN Program is not billed for the diagnostic office visit, this should be documented on the screening form. (e.g., client was referred to outside clinician for the evaluation of high glucose level). This allows the WISEWOMAN Program to document that any abnormal values which were addressed for these clients.
- ♥ Screening providers must be able to link clients to medical services for medical evaluation and assist clients with access to low cost or free medication, if needed. Please note: the WISEWOMAN Program is unable to reimburse for any type of medications regardless of the disease process. There is information on access to free and low cost medications in the Resources and Tools Section of the WISEWOMAN manual.
- ♥ Alert values should receive medical evaluation within seven (7) days:
  - Blood Pressure >180 Systolic or >110 Diastolic
  - Fasting Glucose < 50 or > 250 mg/dL
  - There are no alert values for Cholesterol or A1C.
- ♥ See Section on Alert Values for more information regarding WISEWOMAN Alerts.

Below is a table of the referral process for clients in need a diagnostic office visit. This provides a process for both providers who perform diagnostic office visits and those who refer to an outside clinician.

<b>In-House Diagnostic Office Visits Referrals</b>	<b>Referring Clinician Diagnostic Office Visits Referrals</b>
Client is seen at screening provider for WISEWOMAN Screening Visit	Client is seen at screening provider for WISEWOMAN Screening Visit
Client presents with one (1) or more of the reasons for diagnostic office visit	Client presents with one (1) or more of the reasons for diagnostic office visit
Client is referred for a diagnostic office visit with qualifying in-house clinician	Client is referred for a diagnostic office visit with qualifying referring clinician at an outside facility
Client may be seen by in-house clinician on the same date of service as screening visit or as soon as possible	Appointment with outside facility by the referring WISEWOMAN provider or by the client and this is documented on the screening form. All diagnostic visits should be made as soon as possible
In-house clinician performs diagnostic office visit and WISEWOMAN provider bills the diagnostic office visit with the proper documentation into the MOHSAIC system for reimbursement	WISEWOMAN provider follows up with referring clinician on client status of appointment. Obtains necessary information from referring provider
Follows up with client treatment plan (e.g., blood pressure medical follow-ups and health coaching) and bills as appropriate	If referring clinician is a WISEWOMAN provider, the referring provider can bill the WISEWOMAN program directly
	If the referring provider is not a WISEWOMAN provider, then the clinic has a system in place to bill WISEWOMAN and reimburse the referring clinic or referring clinic bills as per protocol
	The WISEWOMAN provider is responsible for obtaining records from diagnostic office visits from referring clinic and performing follow-up treatment as necessary and appropriate for the client
	All follow-up visits conducted by the WISEWOMAN provider (e.g., blood pressure medical follow-up or health coaching) is billed to the WISEWOMAN program through MOHSAIC

## BLOOD PRESSURE MEDICAL FOLLOW-UP

Improving control of hypertension is a major focus of the WISEWOMAN Program. WISEWOMAN providers are expected to provide additional preventive services for WISEWOMAN clients who have abnormal disease level hypertension.

Control of hypertension is defined as managing hypertension to maintain blood pressure readings of < 140 systolic and < 90 diastolic mmHg. For diabetic patients, or patients with chronic kidney disease, adequate control is < 130 and < 80 mmHg.

Blood Pressure Medical Follow-Ups are recommended for clients with abnormal, disease level hypertension.

## BLOOD PRESSURE MEDICAL FOLLOW-UP GUIDELINES

- ♥ The WISEWOMAN Program will reimburse **up to three (3)** blood pressure medical follow-up sessions in a grant cycle.
- ♥ These sessions are reimbursed as 25 minute **face-to-face** in office only sessions for clients with abnormal disease level hypertension. The reimbursement rate for these sessions will be \$106.00.
- ♥ The procedures for the blood pressure medical follow-up discussions will vary among clinics based on each clinic's capacity. The person providing this service can be either a licensed clinician with the ability to prescribe or adjust blood pressure medications or a clinic staff member who is in close contact with the clinician who can adjust medications and make recommendations may relay those changes to the client.
- ♥ A blood pressure medical follow-up must occur face-to-face starting this grant year. The blood pressure medical follow-up is filled out on the gold form and entered in MOHSAIC according to which follow-up number occurred on the date of service.
- ♥ The blood pressure medical follow-up is used to address the client's hypertension. The clinic provider must obtain two (2) blood pressure measurements and answer the questions on the form pertaining to each blood pressure medical follow-up.
- ♥ The client may receive health coaching in addition to the blood pressure medical follow-up visits. Once the clinic has performed the maximum number of blood pressure medical follow-ups (3), the client may continue with health coaching that can be directed toward blood pressure management or any of the other four (4) topics on the health coaching form.

- ♥ Instructing clients to monitor their blood pressure away from the clinic and report results to the clinic is a recommended component. Discussions should include self-monitoring, medication compliance, sodium restriction, and/or referrals to a physician for medication changes. The best approach for improving hypertension control is medication compliance. This medical service should include assisting clients with availability and compliance to prescription medications. All of these should be addressed at each blood pressure medical follow-up on the gold form.

Managing hypertension involves a multi-disciplinary team to include physicians, nurse practitioners, nurses, nurse educators, registered dieticians, medical assistants, tobacco treatment specialists and pharmacists when possible.

In addition to the delivery of the service, clinics should have quality assurance activities and staff training related to hypertension management.

For further information regarding Blood Pressure Management, please refer to the Blood Pressure Management Section of the WISEWOMAN manual.

## WISEWOMAN ALERT VALUES

WISEWOMAN alert values are abnormal screening results that need **immediate** attention. They are based on current clinical practice and risk to the individual's health. The alert values are:

- ♥ Average Systolic blood pressure >180 mmHg or Diastolic blood pressure >110 mmHg
- ♥ Fasting blood glucose <50 mg/dL or >250 mg/dL
- ♥ There are **no** alert values for Cholesterol or A1C

Providers must assure that women who have alert values have access to medical evaluation and treatment **immediately or within seven (7) days**. Documentation of visit date and follow up details must be in the comment section.

All WISEWOMAN providers must bill any WISEWOMAN Screening or Diagnostic Visits with alert values within seven (7) days of the client date of service. The WISEWOMAN Program must follow-up on alerts and delays in billing create delays in program alert value reporting.

## ALERT VALUE REPORTING GUIDELINES

- ♥ Record the client's blood pressure and lab values on the WISEWOMAN Screening or Diagnostic form as appropriate. Entering in any alert values in MOHSAIC will automatically trigger the alert box to be marked and require the WISEWOMAN clinic provider to enter in the information.
- ♥ Record the date of the medical evaluation on the WISEWOMAN Screening or Diagnostic form. This is the date the client was seen by a physician or nurse practitioner for her alert value.
- ♥ Code the status of the alert value work-up. This is done by using the numerical coding system on the paper form and in MOHSAIC.
- ♥ The numerical coding system for the status of the workup is as follows:
  1. Work-Up complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.
  2. Follow-Up/Work-Up by alternate provider. Patient intends to see alternate provider within seven (7) days.
  3. Client Refused Work-Up. Participant has an alert value but refused workup.
  4. Workup not completed, client lost to follow-up. Participant had an alert value but was lost to follow-up and work-up was not completed.

- ♥ If a client is lost to follow-up, this is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.
- ♥ The WISEWOMAN Education Coordinator should be notified of any client coded as lost to follow-up. There should also be detailed documentation on the client's screening form, documenting the attempts to contact prior to client being lost to follow-up. This information will be provided to the WISEWOMAN Education Coordinator as the form should already be submitted.
- ♥ If the client has been referred to a medical provider in-house for the alert value follow-up, in order for the client to be 'lost to follow up', the clinic must have three (3) documented phone calls or attempts to reach client to have alert value addressed with the medical provider. Please see sample documentation below.
- ♥ If the client is referred to an outside clinician, the referring WISEWOMAN clinic should attempt to make the appointment within seven (7) days. If unable to obtain an appointment within seven (7) days, this should be documented on the Screening or Diagnostic form under 'Alert Value Notes'.
- ♥ CDC requires specific documentation on alert value clients. This information must be submitted on the screening or diagnostic form or to the WISEWOMAN Education Coordinator if the form has already been submitted.
- ♥ There is a section on the Screening Form and the Diagnostic form entitled 'Alert Value Notes'. This is where the notes regarding the client's treatment plan and follow-up will be documented. (e.g., client was started on Lisinopril and will follow-up at the clinic in one (1) month for blood pressure recheck).
- ♥ If client is referred to an outside clinician for alert value follow-up, the referring WISEWOMAN clinic is responsible for following up with the outside clinic to see if client attended her appointment and obtained records to report back to the WISEWOMAN Program as to the client's treatment and follow-up plans.
- ♥ Please note it is **not** required to make three (3) phone calls or attempts to schedule a client for an appointment if the client is referred to an outside provider. It is the responsibility of the referring WISEWOMAN clinic to check the status of the client's appointment and obtain any notes from the referring provider to report to the WISEWOMAN Program.

## SAMPLE ALERT VALUE DOCUMENTATION FOR CLIENT'S CHART WHEN DOCUMENTING 'LOST TO FOLLOW-UP':

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- ♥ (Client name) did not return (provider name) phone calls within seven (7) days of the screening date. Multiple attempts were made on (date) and (date). (Staff name) rescheduled follow-up for (date).
- ♥ If a client missed an appointment, include that information as well. Provide as much detail as you have, e.g., (Client name) missed her appointment on (date) due to illness and was rescheduled for (date).

## WISEWOMAN BLOOD PRESSURE MANAGEMENT

### HYPERTENSION CONTROL REQUIREMENTS

- ♥ Improving control of hypertension is a major focus of the WISEWOMAN Program. WISEWOMAN providers are expected to conduct additional preventive services for WISEWOMAN clients who have disease level hypertension. Disease level hypertension can be defined at a woman with an average blood pressure greater than 140/90.

### HYPERTENSION DEFINITIONS

- ♥ **Normal Blood Pressure (BP):** Systolic BP < 120 mmHg and Diastolic BP <80 mmHg
- ♥ **Pre-Hypertension:** Systolic BP 120-139 mmHg or Diastolic BP 80-89 mmHg
- ♥ **Stage 1 Hypertension (Disease level):** Systolic BP 140-159 mmHg or Diastolic 90-99 mmHg
- ♥ **Stage 2 Hypertension:** Systolic > 160 mmHg or Diastolic >100 mmHg
- ♥ **Control of Hypertension:** Managing hypertension to maintain blood pressure readings of < 140 mmHg systolic and < 90 mmHg diastolic. For diabetic clients, or clients with chronic kidney disease, adequate control is < 130/80 mmHg
- ♥ **Uncontrolled Hypertension:** Cases where treatment for hypertension has not achieved these target blood pressure ranges

## WISEWOMAN BLOOD PRESSURE MANAGEMENT

- ♥ It is **required** by the WISEWOMAN Program, that if a WISEWOMAN client presents to the provider with an abnormal or disease level blood pressure value (140/90) that she receive a follow-up. This follow-up could be a diagnostic office visit, a blood pressure medical follow-up or a health coaching session to discuss blood pressure management.
- ♥ The Performance Measure from the CDC for the WISEWOMAN Program specifically states “Program follows-up with 100% of women with abnormal blood pressure values. Follow-up parameters should be determined by WISEWOMAN guidelines and facility medical protocol.”
- ♥ The WISEWOMAN Program has implemented changes to the screening form to allow the provider to indicate what follow-up has been completed on a woman with abnormal or disease level hypertension.
- ♥ A WISEWOMAN provider can refer a woman with disease level hypertension to the following:

- **Diagnostic Office Visit**- defined as where a client is seen for an abnormal value discovered during the WISEWOMAN screening visit. The WISEWOMAN Program will reimburse for **one** 30 minute diagnostic office visit per year. This must be completed face-to-face by either a physician or a nurse practitioner working with a physician. See Diagnostic Office Visit Section starting for detailed guidance regarding the diagnostic office visit.
- **Blood Pressure Medical Follow-Up**- defined as a 25 minute face-to-face follow-up for client's with disease level hypertension. The WISEWOMAN Program will reimburse for up to three blood pressure medical follow-ups in a grant cycle. These follow-ups can be completed by any trained member of the medical staff who has the ability to contact the nurse practitioner or physician if necessary. See Blood Pressure Medical Follow-Up Section for detailed guidance on blood pressure medical follow-up.
- **Health Coaching Session**- defined as an education session provided by the trained health coach at the medical provider's facility. This health coaching session would be specifically tailored to blood pressure management and this would be documented on the health coaching session. The client can continue with health coaching even after the three blood pressure medical follow-ups have been completed. In the proceeding pages, the WISEWOMAN program has included a sample health coaching protocol for clients who receive health coaching for hypertension management. See Health Coaching Section for detailed guidance on health coaching.

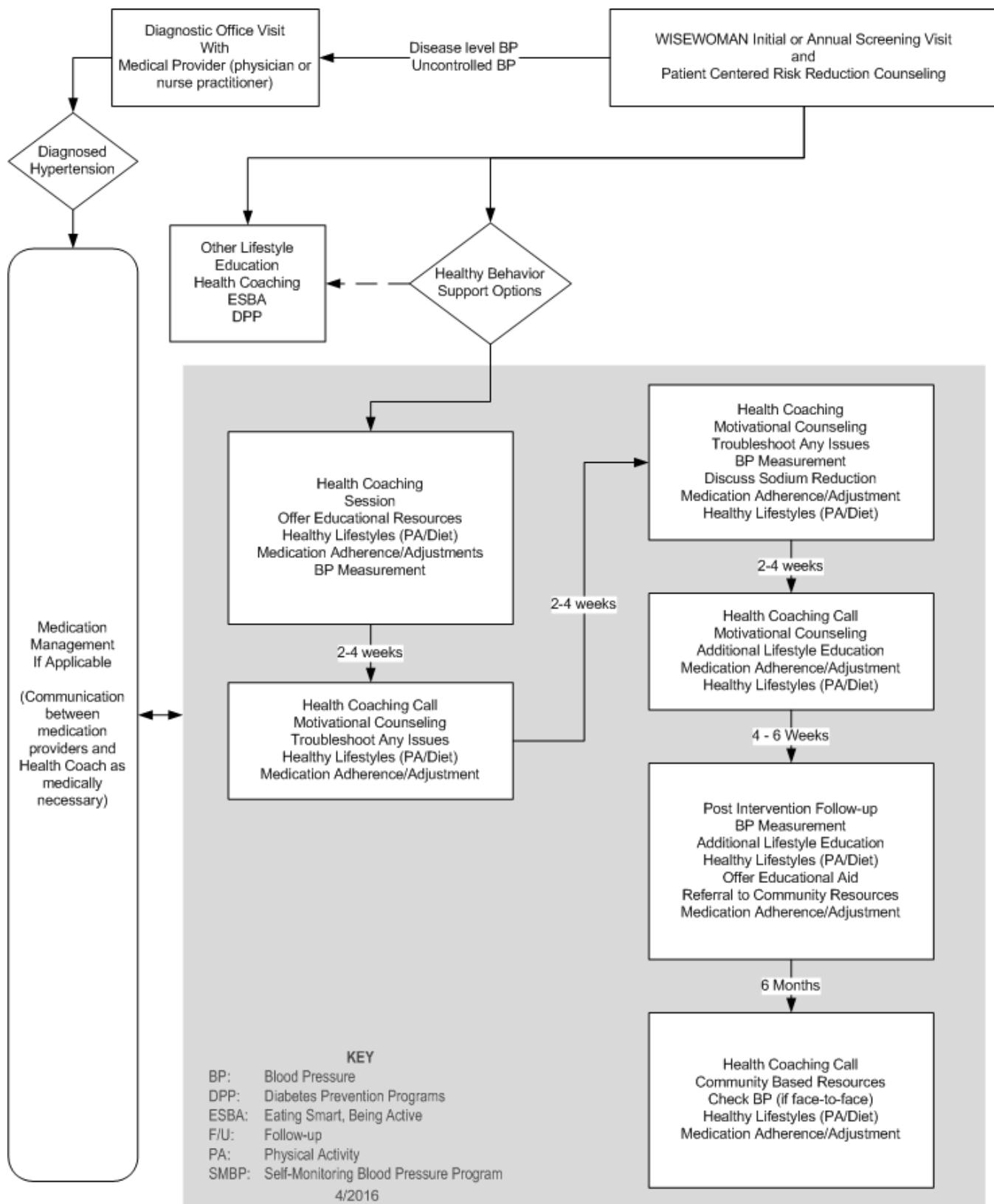
♥ The WISEWOMAN Program does define blood pressure alert values as a blood pressure value of systolic >180 mmHg or a diastolic greater than 110 mmHg. Providers must assure that women who have alert values have access to medical evaluation and treatment **immediately or within 7 days**. Please see Alert Value Section for detailed guidance on Alert Values and Alert Value Reporting.

♥ Encourage all providers to collaborate with local pharmacists and medical providers to assure participants are prescribed appropriate medications and mentored for compliance and effectiveness.

All WISEWOMAN providers shall have the capacity to provide medical follow up for participants who have high blood pressure.



## Missouri WISEWOMAN Program Services Sample Blood Pressure Health Coaching



## WISEWOMAN HYPERTENSION CONTROL GUIDANCE

- ♥ WISEWOMAN services should be delivered in a health care setting that will follow the appropriate guidelines:
  - Be user friendly for clients (culturally and linguistically appropriate and easy to navigate).
  - Be efficient for clients and staff in terms of cost and time.
  - Use treatment protocols to improve control of hypertension.
  - Have mechanisms to ensure that all clients receive complete WISEWOMAN services.
  - Have quality assurance processes in place.
  - Use multi-disciplinary health care teams or the ability to access multi-disciplinary health care teams when necessary.
  - Have effective training procedures.
  - Have mechanisms to communicate information to the client and the client's primary care team if necessary.

## WISEWOMAN HYPERTENSION MEDICATION ACCESS OVERVIEW

- ♥ Many individuals with hypertension require medication to control and maintain their blood pressure at recommended levels. In populations that are uninsured or underinsured, paying for medications can be problematic. Cost can be a major factor in non-adherence to treatment plans and high rates of uncontrolled hypertension.
- ♥ The WISEWOMAN Program is unable to reimburse or pay for medications of any kind for any disease process. However, the program is able to provide Medication Access resources to the WISEWOMAN providers in order for the providers to help assist the client in being able to obtain her medications. Providers **must** ensure access to affordable medication for women who require it, particularly those with hypertension. See Tools and Resources Section in the WISEWOMAN manual for information regarding medication access for clients.



## WISEWOMAN BLOOD PRESSURE MEASUREMENTS

- ♥ The WISEWOMAN Program requires that the WISEWOMAN providers **take at least two (2)** accurate blood pressure measurements on a client's initial or annual screening, diagnostic office visits for blood pressure not conducted the same day as the screening visit, and blood pressure medical follow-up visits.
- ♥ These two (2) measurements must be taken at least two (2) minutes apart and must differ. If the two blood pressure measurements are identical, a third blood pressure measurement should be obtained with a manual blood pressure cuff to ensure accuracy.
- ♥ There are a variety of outside factors that can contribute to hypertension. The following is a list of common actions that result in inaccurate blood pressure readings that can easily be controlled (Improving the Screening, Prevention and Management of Hypertension-An Implementation Tool for Clinic Practice Teams, Washington State Department of Health)

Cause	Systolic Effect
The cuff is too small (most common cause of error in clinical practice)	+ 10-40 mmHG
The cuff is too large (most common cause of error in clinical practice)	-5-25 mmHG
The artery line is not centered	+ 4-6 mm HG
The arm is above the heart	+ 2 mmHG per inch
The arm is below the heart	-2 mmHG per inch
Patient's feet are not flat on the floor	+ 5-15 mmHG
Patient's back is not supported	+ 5-15 mmHG
Legs Crossed	+ 3-8 mmHG
Patient is in pain	+ 10-30 mmHG
Patient is talking	+ 10-15 mmHG
Patient has a full bladder	+ 10-15 mmHG
Patient has difficulty breathing	+ 5-8 mmHG
Patient does not rest 3-5 minutes	+ 10-20 mmHG
White Coat Syndrome	+ 11-20 mmHG
Tobacco or caffeine use	+ 6-11 mmHG
The cuff is placed over clothing	+/- 10-40 mmHG

\*Aneroid devices that are out of calibration most often read too low

- ♥ Recommended Cuff Sizes: Manufacturer's cuff sizes differ widely as to what they consider a large/small size etc. The providers are encouraged not to rely solely on the manufacturer's markings as to the cuff size. Instead they should measure the bladder of each cuff before placing it into initial service.

<b>Arm Circumference</b>	<b>Adult Cuff Size</b>
22 to 26 cm.....	Small Adult (12 x 22 cm)
27 to 34 cm.....	Adult (16 x 30 cm)
35 to 44 cm.....	Large Adult (16 x 36 cm)
45 to 52 cm.....	Adult Thigh (16 x 42 cm)

- ♥ More information on accurate blood pressure measurements can be found in the Initial/Annual Screening Section of the WISEWOMAN manual.

## HYPERTENSION CONTROL STRATEGIES

- ♥ WISEWOMAN Providers are expected to conduct additional preventative services for clients who have disease level hypertension by using established protocols or by strengthening the facility's existing hypertension control protocols.
- ♥ The following are examples of a wide variety of available evidence-based hypertension management resources: (Improving the Screening, Prevention and Management of Hypertension-An Implementation Tool for Clinic Practice Teams, Washington State Department of Health)

<b>Strategy</b>	<b>Description</b>	<b>Examples</b>
Delivery System Design	Processes to be efficient for patients and staff; consistently deliver quality care; reliably document care.	Prescribing anti-hypertensive medication consistent with national guidelines.  Streamlining patient registration processes to minimize waiting time.
Self-Management Support	Activities to increase patients' skills in managing their own health.	Teaching patients how to measure and track their blood pressure.
Decision Support	Automated messages for clinicians.	Using computer-generated prompts to remind a clinician that a patient's blood pressure is abnormal, and to consider adjusting medication.
Health Information Technology (Health IT)	Storage, retrieval, sharing and use of healthcare information, and data for communication and decision-making.	Use Health IT reports to determine which patients with hypertension are not well controlled.  Use Health IT reports to determine which patients have not returned for follow-up.

♥ Approaches shown to be effective in controlling hypertension

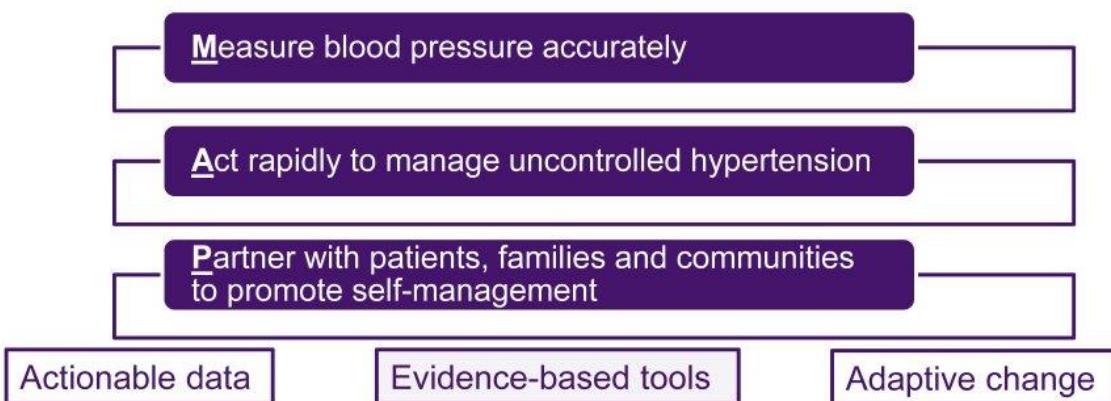
Approach	Description	Examples
Self-Measured Blood Pressure Monitoring with Support	Blood pressure readings (taken by patient outside of a clinical setting) reported to the health care team who advise or take action as indicated.	Patient measures blood pressure at home and/or in the community (church, pharmacy, superstores, i.e., Target, K-Mart).  Snare readings with medical provider who then provides advice or makes needed adjustments in medications.
Team-Based Care	The use of multi-disciplinary team to improve the quality of hypertension care for patients.	Physician diagnoses hypertension and prescribes anti-hypertensive medication and refers to: <ul style="list-style-type: none"><li>• Nutritionist to counsel on DASH diet.</li><li>• Community Health Worker for medication adherence health coaching.</li></ul>
Medication Adherence and Access Support	Explaining what the medication is intended to do and the correct way to take medication.  Assessing tolerance and appropriateness of medication for a particular patient.  Assuring access to affordable medication.	When a patient is prescribed a new anti-hypertensive medication: <ul style="list-style-type: none"><li>• Pharmacist provides medication therapy management services.</li><li>• Case Manager/Community Health Worker helps find an affordable source of medication and helps set goal that will address her adherence/access barriers.</li></ul>

♥ Accurate blood pressure measurements are critical for detecting and managing high blood pressure.

## M.A.P. FRAMEWORK FOR CONTROLLING HYPERTENSION

- ♥ The American Medical Association and The Johns Hopkins University has developed a framework entitled the M.A.P. Framework to control hypertension. The acronym M.A.P. stands for Measure, Act, and Partner.

### The M.A.P. framework



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- ♥ The American Medical Association and The Johns Hopkins University have also identified several barriers to success in helping client's manage their blood pressure and gaining better control over their hypertension. These barriers include things such as the following:
  - Patient Factors
    - Non-adherence
    - Financial
    - Literacy
  - Physician Factors
    - Time
    - Financial
    - Knowledge of evidence
  - System Factors
    - Quality reporting
    - Work Flow
    - Management (buy-in)

- ♥ It has been identified that evidence based communication can be very effective in the M.A.P. framework and addressing the barriers to success. The American Medical Association and The Johns Hopkins University have identified the following evidence based communication strategies:
  - Begin with open ended-questions about adherence, including recent medication use.
  - Explore reasons for possible non-adherence.
  - Elicit patient views on options and priorities to customize a care plan for each patient.
  - Remain non-judgmental at all times.
  - Use teach-back to ensure understanding of the care plan.
- ♥ These evidence based communication strategies are not only applicable to clients with hypertension in the WISEWOMAN program but can be applied to discuss any type of disease process and medical treatment plan with a WISEWOMAN client.

## HYPERTENSION CONTROL REFERENCES AND RESOURCES

- ♥ Below the WISEWOMAN Program has included several references and resources that can be used to help clients gain control of her hypertension. These resources can also be found in the Tool and Resources Section of the WISEWOMAN manual.
  - American Medical Association <http://www.ama-assn.org/ama>
  - Missouri Million Hearts [https://www.heart.org/HEARTORG/Affiliate/Missouri-Million-Hearts\\_UCM\\_458809\\_SubHomePage.jsp](https://www.heart.org/HEARTORG/Affiliate/Missouri-Million-Hearts_UCM_458809_SubHomePage.jsp)
  - Million Hearts Toolkits <http://millionhearts.hss.gov>
  - American Heart Association <https://www.heart.org/HEARTORG/>
  - Improving Chronic Illness Care. The Chronic Care Model [http://www.improvingchroniccare.org/index.php?p=The\\_Chronic\\_CareModel&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_CareModel&s=2)
  - Blood Pressure Measurement for the 21<sup>st</sup> Century Toolkit <http://www.williamsandwest.com/sentarainteractive/bloodpressure/>

## WISEWOMAN LIFESTYLE EDUCATION PROGRAMS OVERVIEW

WISEWOMAN's mission is to provide clients with the knowledge, skills and opportunities to improve their diet, physical activity and other lifestyle habits to reduce their risk of heart disease and stroke. Current guidelines from CDC WISEWOMAN program state that:

- ♥ Referrals to evidence-based/community-based lifestyle education programs (LSPs) should be provided as an option for education to WISEWOMAN participants who are motivated to change and willing to participate fully in the LSP option selected.
- ♥ The lifestyle education options for WISEWOMAN clients include: Health Coaching (performed by the provider staff), Eating Smart-Being Active (ESBA), Diabetes Prevention Program (DPP), Self-Monitoring Blood Pressure Program (SMBPP), and Take Off Pounds Sensibly (TOPS). Each of the lifestyle education programs will be explained in further detail in the Health Coaching and Lifestyle Education Programs Sections.

## TARGETED RISK BEHAVIORS

- ♥ **Nutrition:** Low intake of fruits and vegetables, high calorie intake and high intake of saturated and trans fats increases the risk of heart disease and stroke. Poor nutrition contributes to overweight and obesity, high blood pressure, high cholesterol and Type 2 Diabetes. All of these factors increase the risk of heart disease and stroke.
- ♥ **Physical Activity:** Inactivity significantly increases the risk for heart disease and stroke. Regular physical activity helps to control weight and decrease the risk of high blood pressure and diabetes.
- ♥ **Smoking:** Smoking and use of other tobacco products is the leading cause of preventable death in the United States. Smoking is a major risk factor for heart disease and stroke.
- ♥ **Blood Pressure Management:** 80 million U.S. adults have high blood pressure. Nearly half of all the adults with high blood pressure are women. Uncontrolled high blood pressure can injure or kill you by damaging your arteries, heart and other organs.



## LIFESTYLE PROGRAM REQUIREMENTS

All LSPs must be approved by the CDC WISEWOMAN Program. LSPs should occur only after the initial or annual screening assessment and risk counseling has been completed to allow for consistent evaluation of program services. Approved LSPs must be:

- ♥ Evidence-based.
- ♥ Effective in improving diet and physical activity.
- ♥ Incorporate national diet and lifestyle recommendations.
- ♥ Culturally appropriate and delivered using easy-to-understand language.
- ♥ In the WISEWOMAN Provider's Scope of Work, the WISEWOMAN provider must have the capability to perform Risk Reduction Counseling and Health Coaching to the WISEWOMAN clients.
- ♥ WISEWOMAN Providers are able to provide the client with her initial or annual screening, Risk Reduction Counseling, and her first health coaching session all on the same day. This can all be completed as the same date of the initial or annual screening visit.



## WISEWOMAN HEALTH COACHING

Health coaching is a provider-based lifestyle education program (LSP). Health coaching applies a collaborative approach to enable clients to take responsibility for their health and well-being.

### HEALTH COACHING GUIDELINES

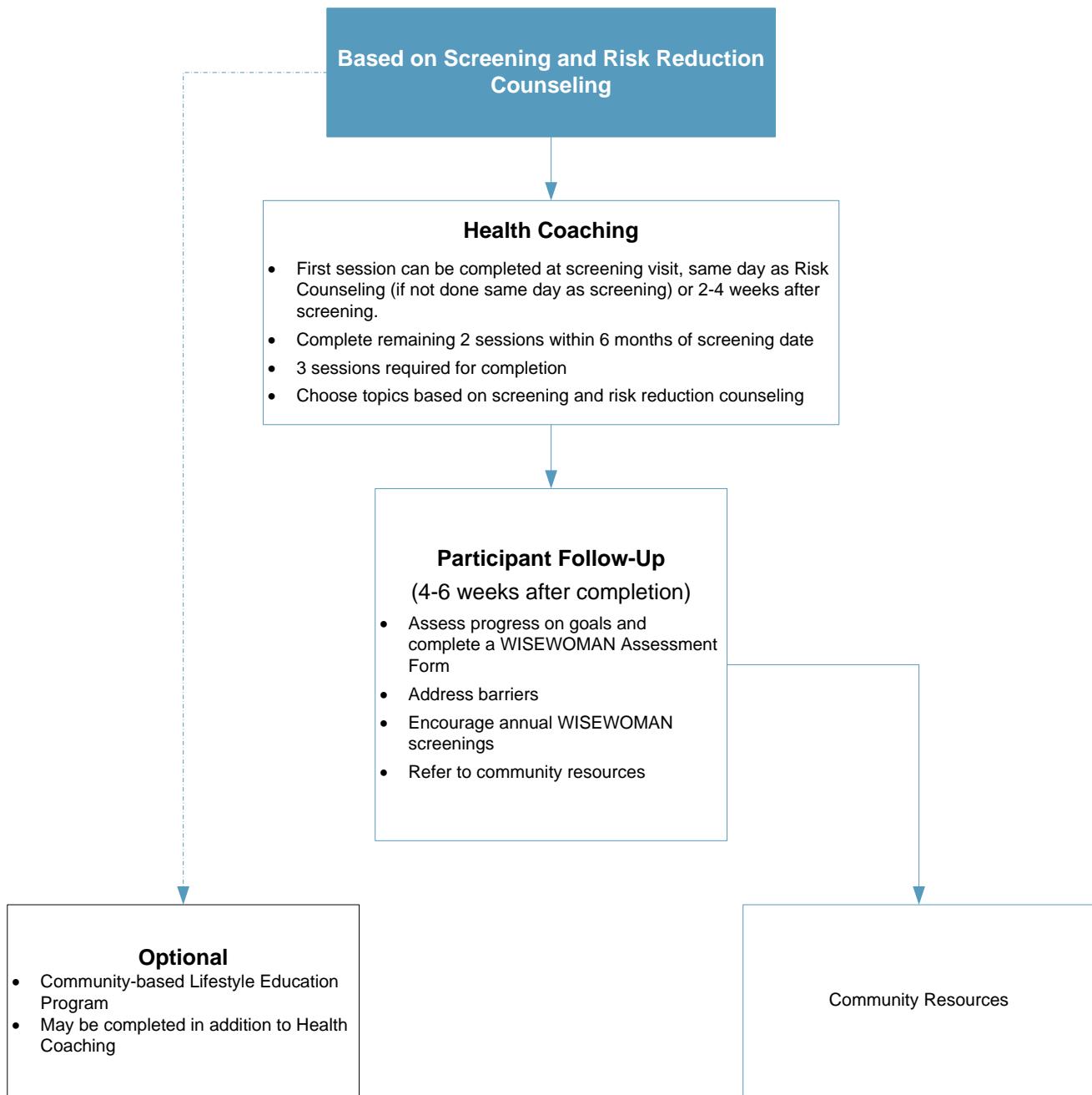
- ♥ Health coaching is delivered by the screening provider using motivational interviewing techniques. Clients establish S.M.A.R.T. goals and problem-solving barriers to change using modules from *A New Leaf: Choices for Healthy Living*. S.M.A.R.T. goals are explained in greater detail later in this section and in the Tools and Resources Section of the WISEWOMAN manual.
- ♥ Individual health coaching sessions can be either face-to-face or by telephone. Individual face-to-face sessions may be 15, 30 or 45 minutes in length. Individual telephone sessions may be 15 or 30 minutes in length.
- ♥ Health coaching may also be provided as a group session. A group session would be defined as two (2) or more WISEWOMAN clients participating in health coaching. Group sessions must be conducted face-to-face for either 30 or 60 minute sessions.
- ♥ The first health coaching session may occur on the same date as the screening visit. If not completed on the same day of the screening, the first session may be conducted when Risk Reduction Counseling is completed (if not completed on the same date as the screening) or within 2-4 weeks after the screening visit.
- ♥ After the first health coaching session, follow-up sessions and times are agreed upon by the health coach and the participant at the end of each session. The follow-up health coaching sessions should address progress and difficulties in reaching behavioral goals as well as provide the opportunity to set new goals.
- ♥ Health coaching sessions **should be two (2) to four (4) weeks apart and completed within six months.**
- ♥ Health coaching topics can range from one (1) to all of the following: Healthy Eating, Physical Activity, Smoking Cessation or Blood Pressure Management. The topic must be chosen on the orange health coaching form.
- ♥ A minimum of three (3) health coaching sessions and one (1) follow-up session is considered completion for the health coaching program. Additional health coaching sessions can be completed if the client is willing to participate. Health coaching sessions will be reimbursed by the WISEWOMAN Program from the date of her initial/annual screening until it is time for her annual rescreen. After 12 months (when her annual rescreen is due), health coaching will not be reimbursed until an annual rescreening is completed.

- ♥ **Four (4) to six (6) weeks after the completion of the third health coaching session,** the fourth follow-up assessment is completed. This fourth follow-up assessment is used to see where the client's health status is now after receiving the health coaching compared to her health status prior to health coaching.
- ♥ The fourth follow-up assessment **requires** that the provider fill out another tan WISEWOMAN assessment form with the client. This can be completed either in person or via the telephone.
- ♥ The form is submitted in MOHSAIC as the Follow-Up Screening, Non-Integrated. If the provider also performs health coaching following the completion of the WISEWOMAN assessment form, then a separate health coaching session may be billed and reimbursed. See the MOHSAIC Section in the WISEWOMAN manual for more information regarding how to enter a fourth follow-up assessment and additional health coaching sessions. If the client is willing to continue to participate in health coaching she may continue to do so.
- ♥ The WISEWOMAN Program should be explained in its entirety to the client to include explaining to the client about health coaching. When the provider explains the health coaching portion of the program to the client, this is a health coaching referral and the box should be marked appropriately.
- ♥ If the client refuses to participate in health coaching, the WISEWOMAN Program **WILL** reimburse for the screening. For the woman to be enrolled in the WISEWOMAN program there is **NO** longer a commitment required from the client to participate in health coaching sessions. If the client refuses health coaching sessions at her screening visit, screen the client as normal. The WISEWOMAN Program will reimburse for her screening. The program does ask if she declines health coaching up front, if the provider staff would ask to obtain the client's permission to contact her back in 30-60 days to see if she is interested in participating at that time. If client continues to refuse, there is no penalty for the provider.





## Missouri WISEWOMAN Program Services Health Coaching Flow Chart



4/2016

## HEALTH EDUCATOR REQUIREMENTS

- ♥ Registered dietitians, lifestyle coaches, health educators or others who have received appropriate training in health coaching, including University Extension Nutrition Specialists or Nutrition Program Assistants (NPAs), Registered Nurses, and smoking cessation counselors may serve as WISEWOMAN lifestyle educators. Trained lay health advisors or coaches may serve as education facilitators under the direction of a health professional.
- ♥ All health coaching staff must attend all required training as designated by the WISEWOMAN Program in order to provide health coaching to clients. Educators will participate in a health coach training that includes motivational interviewing to increase their ability to strategically ask open ended questions, provide affirmations, increase their capacity for reflective listening, and periodically provide summary statements to the client. Training will also include but is not limited to, behavior change tools and strategies of the stages of change, utilization of the New Leaf assessment and tips, S.M.A.R.T. goal setting, and strategies to overcome barriers.
- ♥ Health coaching is based on lifestyle educators utilizing motivational interviewing techniques to promote lifestyle behavior change. Each site that is providing coaching will have an identified health coach that has the required training.

## COUNSELING AND EDUCATION STRATEGIES

### ASSESS READINESS TO CHANGE

- ♥ Motivational Interviewing (MI) techniques and/or readiness to change habits questions are used to assess clients' motivation to change lifestyle habits.
- ♥ MI techniques help clients establish priorities in making behavior changes.
- ♥ MI techniques training is available on the WISEWOMAN website at <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providertraining.php>.

### ASSESS LIFESTYLE HABITS

Assess health habits by using:

- ♥ The health habits assessment questions on the WISEWOMAN Assessment form and MI interactions with the client.
- ♥ The nutrition, physical activity and smoking assessments from *A New Leaf-Choices for Healthy Living* handouts.

Before providing strategies to increase physical activity level, ensure the client is physically able. Review the physical activity clearance checkbox on the WISEWOMAN Screening form.

## SETTING S.M.A.R.T. GOALS

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(Specific, Measurable, Achievable, Realistic and Time-Based Goals)

- ♥ The WISEWOMAN Goal Setting planner is available for clients to use as a reminder of the goals and strategies established. Encourage clients to place the worksheet in a location that they will see every day. These goal setting worksheets and logs can be found in the Tools and Resources Section in the WISEWOMAN manual.

## SOCIAL SUPPORT

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- ♥ Recommend clients seek support from family and friends to assist in their healthy lifestyle changes.
- ♥ Family members are encouraged to attend the education sessions when appropriate.

## LINK CLIENTS TO COMMUNITY RESOURCES

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- ♥ Identify and support community-based resources available to clients that help to assist in their healthy lifestyle changes, development, and maintenance.
- ♥ Resources can include nutrition, physical activity and tobacco cessation.
- ♥ Refer clients to appropriate community resources  
[\(http://extension.missouri.edu/hes/wisewoman\)](http://extension.missouri.edu/hes/wisewoman)

## ENCOURAGE SELF-MONITORING

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- ♥ Encourage clients to chart their activities using the WISEWOMAN Goal Tracking Log or another form of self-monitoring, such as a journal. This log includes a monitoring chart for both fruit and vegetable intake and physical activity in minutes.
- ♥ See the goal tracking logs in the Tool and Resources Section of the WISEWOMAN Manual.
- ♥ Add SMBP Protocol HERE!!!

## PROVIDE EVIDENCE-BASED INFORMATION

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- ♥ Educational tools and strategies provided to clients must be approved by the CDC and Missouri WISEWOMAN program. WISEWOMAN provides educational tools for clients at **no cost** to providers. The WISEWOMAN Program will ship these materials to your clinic free of charge as well. The tools are to be used only for WISEWOMAN clients.
- ♥ The educational tools include Recipes for a Healthy Heart cookbook, a stretch band for strength and flexibility exercises are available. Handout booklets with tip sheets from *A New Leaf-Choices for Healthy Living* manual are available for Healthy Eating, Being Active, Healthy Weight, Diabetes Prevention, Smoking, and Stress and Depression and can be ordered using the Missouri WISEWOMAN Supply Order form.
- ♥ New educational tools that will be made available to the WISEWOMAN providers this grant year are *Mayo Clinic's My Path to a Smoke Free Future* book as well as a variety of educational pamphlets from Journeyworks. The topics of these pamphlets include: A Healthy Heart Chart, Eat for Your Heart, MyPlate, Healthy Eating on a Budget, 30 Things Everyone Should Know About Cholesterol, Diabetes and Your Heart, 10 Ways to Prevent and Control High Blood Pressure, 30 Things Everyone Should Know about High Blood Pressure, Women and Heart Disease, 15 Easy Ways to Cut Back on Salt, 9 ways to Lower Your Risk of Stroke, 10 Ways to a Healthier Heart, and 8 Ways to Improve Your Cholesterol. If interested in Spanish materials, please contact WISEWOMAN Education Coordinator.
- ♥ The Missouri Tobacco Quitline Card. Provide this card to clients who smoke as a resource to help them stop smoking.
- ♥ The above educational tools can be ordered using the WISEWOMAN supply order form. It can be found on the program's website at the link below. Once the form is filled out, it can be faxed to the WISEWOMAN Central Office staff for processing at 573-522-2898.
- ♥ Supply Order Form  
Link: <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/wwsupplyorderform.pdf>



# WISEWOMAN COMMUNITY-BASED LIFESTYLE EDUCATION PROGRAMS



**Now is the time to take charge of your life** with *Eating Smart • Being Active™*

*Eating Smart • Being Active* provides information about nutrition, physical activity, food safety and making the most of your food dollars. It is a FREE\* program provided by University of Missouri Extension Family Nutrition Education Programs. Classes focus on food, nutrition and tips for feeding your family. Lessons may also include food tastings and items that reinforce lesson topics. WISEWOMAN participants will receive a special gift for attending six classes.

\*Free to WISEWOMAN participants.

## EATING SMART-BEING ACTIVE (ESBA)

*Eating Smart • Being Active* is a research-based nutrition, food safety and food resource management education curriculum for low-income adults developed at Colorado State University and University of California at Davis. The authors of *Eating Smart • Being Active* utilized the Social Cognitive Theory as well as adult learning principles when developing the curriculum. Curriculum activities include facilitated discussion (dialogue-based learning) and hands-on activities. These allow participants to be actively engaged in the learning process and apply the newly learned information, thus increasing their retention of the new information and increasing the chances of behavior change. All participant materials are available in English and Spanish.

Lessons include the latest, research-based information from the Dietary Guidelines for Americans 2010 and MyPlate (<http://www.choosemyplate.gov>). Topics covered include physical activity, nutrition and healthy lifestyle choices, food preparation, saving money at the grocery store; eating a variety of healthy foods from all of the food groups; food safety; reducing fat, sugar and salt;

and feeding children.

The University of Missouri Extension (UME) is part of the national land grant university and Cooperative Extension System, and brings research-based knowledge and information to people in their homes, workplaces and communities to improve the lives of Missourians. The UME puts research into practice by providing high-value educational programs and resources in the areas of agriculture and natural resources, home and consumer life, nutrition and health, families and youth, community and leadership, and business and workforce development. Information about the programs offered by Family Nutrition Education Program, staff and resources is available: <http://extension.missouri.edu/fnep/mapregions/staff.htm>.

## EATING SMART-BEING ACTIVE REFERRAL GUIDELINES

- ♥ Completion of the ESBA program is defined as attending six (6) sessions; however, attending all eight (8) sessions is encouraged. Order the promotional ESBA posters and cards for clinic use with the WISEWOMAN Supply Order Form. These promotional items are provided to your clinic at no cost to your facility.
- ♥ In order for a client to be referred to the ESBA Program, the referral must be marked on the client's screening form to include the date of the referral. The paper referral form must also be filled out for the client and faxed to the WISEWOMAN Central Office at 573-522-2898. The paper form is required to complete the referral to the ESBA Program. The University of Missouri Extension (UME) staff does not have access to MOHSAIC and therefore once the WISEWOMAN Central Office receives the paper referral, it is sent to the University of Missouri Extension Staff.
- ♥ Upon receiving the paper referral, the University of Missouri Extension staff will contact your client, setting up the classes, and addressing any barriers with the client in regards to attendance. The University of Missouri Extension staff provide follow-up with clients who do not attend scheduled classes as well as provide the WISEWOMAN staff with a monthly attendance list. Once a client has completed the minimum of six (6) sessions for completion, the information is entered into MOHSAIC by the WISEWOMAN Central Office staff and an e-mail is sent to the provider staff informing them of the completion for their client.
- ♥ The University of Missouri Extension staff does provide an incentive to the client once they have completed the minimum of six (6) sessions. The UME staff also makes attempts to call the client after completion to gain follow-up information regarding the client's status and the success of the class.
- ♥ The following page is a quick informational page regarding the topics covered in each class. The Eating Smart-Being Active Flow Chart can be found on the following page and serves as a quick reference to the program guidelines. The WISEWOMAN referral form for the Eating Smart Being Active program can be found in the Forms Section of the WISEWOMAN manual.
- ♥ The University of Missouri Extension staff is also responsible for revising and maintaining the Community Resources lists for each county where there is a WISEWOMAN provider. These lists can be used to give clients more information about different resources available in their community. The link to the Community Resource Lists can be found on the WISEWOMAN website at the link below. A copy of each list has been provided to each WISEWOMAN provider as a reference copy for the facility at: <http://extension.missouri.edu/hes/wisewoman/> This link also contains provider training information on motivational interviewing.

# Eating Smart • Being Active

Eating Smart • Being Active is a research-based nutrition, food safety and food resource management education curriculum used by University of Missouri Extension Family Nutrition Education Programs. Lessons focus on simple messages related to food and nutrition and give participants a chance to apply new information through interactive activities.



## Lesson 1: Get Moving

- Families enjoy being active.

## Lesson 2: Plan, Shop, \$ave

- Families plan and shop for meals and snacks that are healthy and fit in their budget.

## Lesson 3: Fruits and Veggies: Half Your Plate

- Families increase the amount of vegetables and fruits they eat every day.
- Families have more than one kind of vegetable and one kind of fruit every day.

## Lesson 4: Make Half Your Grains Whole

- Families choose at least half of their grains as whole grains.

## Lesson 5: Build Strong Bones

- Families get enough calcium from low-fat or nonfat dairy foods or other foods high in calcium.

## Lesson 6: Go Lean with Protein

- Families have lean protein foods and keep all food safe to eat.

## Lesson 7: Make a Change

- Families limit foods high in fat, sugar and salt.

## Lesson 8: Celebrate! Eat Smart & Be Active

- Participants discuss feeding children and celebrate new knowledge and skills to make healthy food and activity choices.

*Supplemental lessons are available for pregnancy and feeding babies and young children.*



Funded in part by USDA SNAP.  
For more information, call MU Extension's Show Me Nutrition line at 1-888-515-0016.  
Running out of money for food? Contact your local food stamp office or go online to  
[dss.mo.gov/fsd/fstamp](http://dss.mo.gov/fsd/fstamp).

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## Missouri WISEWOMAN Program Services Eating Smart • Being Active Flow Chart



Screening clinic refers participants to Eating Smart-Being Active

- Provide course information
- Completes paper ESBA referral form
- Enters ESBA referral date on the WISEWOMAN Screening form and in MOHSAIC

Clinic faxes ESBA paper referral form to WISEWOMAN staff at 573-522-2898

**\*This must be faxed to the central office to be sent to University of Missouri Extension (UME)**

WISEWOMAN staff forward referral form to UME

UME distributes participant information to appropriate UME regional staff

Regional UME staff contact participant to::

- Explain program logistics,
- Enroll participants in the program, and
- Address barrier(s) to attendance

Participant attends a minimum of 6 of 8 sessions total::

- Incentives given to participant for attendance and completion of the program
- Regional UME staff follow-up on misses sessions to encourage attendance

UME provides follow-up 4-6 weeks after completion. UME encourages annual WISEWOMAN screenings

WISEWOMAN Program reports attendance to provider via email and enters into MOHSAIC

UME reports participant attendance and completion status to WISEWOMAN Program

4/2016

## DIABETES PREVENTION PROGRAM

The DPP is a 12-month program to prevent or delay the onset of Type 2 Diabetes for people at an increased risk of developing the condition. Sessions are led by a lifestyle coach and are divided into two (2) components:

- ♥ 16 Core Face-to-Face Group Sessions AND
- ♥ Six (6) Follow-Up Support Sessions

Participants set goals, apply what they learned in-between sessions and test their own ideas and solutions.

Clients must attend a minimum of nine (9) core sessions and three (3) post-core sessions for completion of the program.

### REQUIREMENTS TO BE ENROLLED IN THE PROGRAM

- ♥ Participants must have a BMI greater than 25
- ♥ An elevated blood sugar/glucose is not a requirement for participation.
- ♥ A client cannot have already been diagnosed with diabetes and be enrolled in the program as this is a diabetes prevention program. If the client had gestational diabetes, she may still be eligible to participate.

**The DPP is currently available in St. Louis:**  
YMCA of Greater St. Louis  
326 S 21st Street  
St. Louis, MO 63103  
314-436-1177

**The DPP is currently available in Kansas City:**  
YMCA of Greater Kansas City  
3100 Broadway, Suite 1020  
Kansas City, MO 64111  
816-285-8050

## DIABETES PREVENTION PROGRAM REFERRAL GUIDELINES

- ♥ This program is currently only offered in the St. Louis area. If you are a St. Louis provider and have a client interested in the program, the referral needs to be marked on the screening form in MOHSAIC. A paper referral form must also be completed and faxed to the WISEWOMAN Central Office at 573-522-2898.
- ♥ The WISEWOMAN staff faxes completed form to the DPP Coordinator at the YMCA.
- ♥ The DPP Coordinator will contact your client to explain logistics, address barriers and talk with her about the course schedule and locations.
- ♥ The YMCA DPP staff will keep record of the client's attendance and follow-up on any client's missed classes.
- ♥ Once completion has occurred, the YMCA will notify the WISEWOMAN Central Office staff. The attendance will be recorded in MOHSAIC and an e-mail will be sent to the provider informing them of the attendance.

The following pages include an informational Diabetes Prevention Program Overview as well as the Diabetes Prevention Flow Chart. See Forms Section in the WISEWOMAN manual for the DPP referral form.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### **DIABETES PREVENTION PROGRAM OVERVIEW**

The YMCA's Diabetes Prevention Program helps adults at high risk of developing type 2 diabetes adopt and maintain healthy lifestyles by eating healthier, increasing physical activity and losing a modest amount of weight in order to reduce their chances of developing the disease.

*Research by the National Institutes of Health has shown that programs like the YMCA's Diabetes Prevention Program can reduce the number of new cases of type 2 diabetes by 58% and 71% in adults over age 60.*

### **ABOUT THE PROGRAM**

In a classroom setting, a trained lifestyle coach will facilitate a small group of participants in learning about healthier eating, physical activity and other behavior changes over a 12-month period, beginning with 16 weekly one-hour sessions, 3 sessions delivered every other week and then 8 monthly sessions for added support to help them maintain their progress.

#### **Program Goals:**

- Reduce body weight by 7%
- Increase physical activity to 150 minutes per week

### **WHO CAN PARTICIPATE?**

Participants who qualify for the program must be at least 18 years old, overweight ( $BMI > 25$ )\* and at high risk for developing type 2 diabetes indicated by a confirmatory blood value+, a clinical diagnosis of Gestational Diabetes (GDM) during previous pregnancy, or a qualifying risk score.

### **PROGRAM CURRICULUM**

Participants will receive a notebook which contains worksheets and handouts for them to use in each of the sessions of the lifestyle intervention. Participants will also receive a weekly journal and be asked to track their food and physical activity during the program.

### **PROGRAM FEE**

For individuals referred by the WISEWOMAN Program, the program fee is covered by WISEWOMAN (\$429) value. Some insurance plans and employers cover the cost of the program and financial assistance is available to those who qualify.

### **GATEWAY REGION YMCA**

**Erin Murphy**

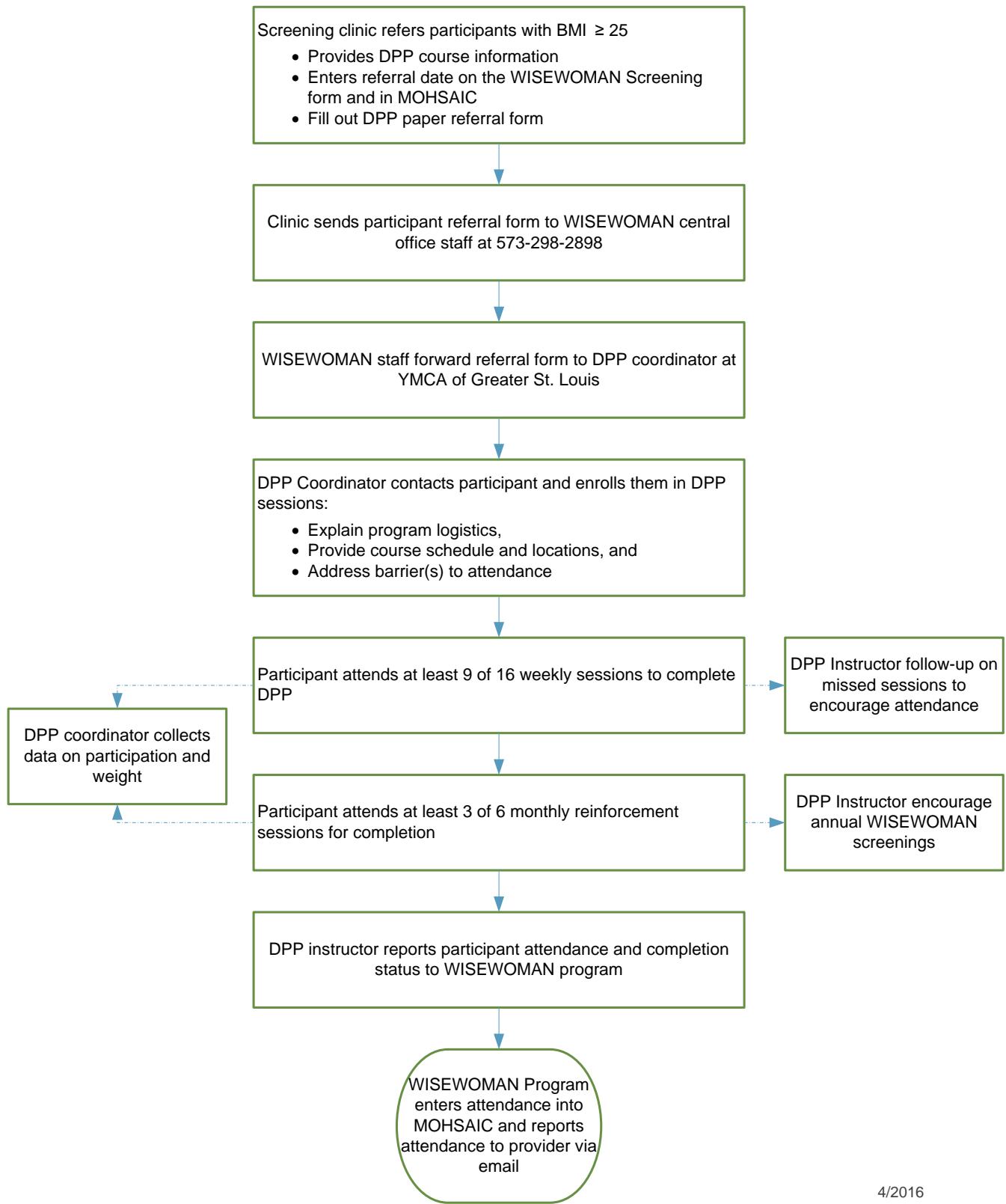
(314)421-8838

[preventdiabetes@gwrymca.org](mailto:preventdiabetes@gwrymca.org)

[www.gwrymca.org/preventdiabetes](http://www.gwrymca.org/preventdiabetes)



## Missouri WISEWOMAN Program Services Diabetes Prevention Program (DPP) Flow Chart



## TAKE OFF POUNDS SENSIBLY (TOPS)



Take Off Pounds Sensibly (TOPS) is a national non-profit organization that has been in the field for over 65 years. TOPS helps its members manage weight problems through group support and education. The TOPS plan® includes information about healthy eating, exercise, and behavior modifications.

WISEWOMAN clients who are interested in TOPS must meet all of the following criteria:

- ♥ Have a BMI >25 or >22 if Asian
- ♥ Can establish a healthy and responsible weight loss goal

WISEWOMAN providers and clients can identify local TOPS chapters by visiting the TOPS website at [www.tops.org](http://www.tops.org) and clicking “Find A Meeting” and following the directions.

## TOPS REFERRAL GUIDELINES

- ♥ The WISEWOMAN clinic staff explains the TOPS program to the client that is interested in participating at her initial or annual WISEWOMAN screening visit.
- ♥ Client must then sign the consent form to participate in the TOPS program at the time of her screening visit.
- ♥ The WISEWOMAN clinic staff will give the WISEWOMAN participant her signed voucher to present to a local TOPS chapter. Client will be instructed to present this voucher to the chapter she has chosen to attend. Client is informed that the membership voucher is not replaceable if lost and cannot be photocopied.
- ♥ Once the client has the signed voucher, the WISEWOMAN clinic staff will also give the client the attendance/weigh-in sheet to bring with her to the meetings as a record of her attendance.
- ♥ The WISEWOMAN clinic staff will then fax the consent form to the WISEWOMAN Central Office staff. This will serve as a referral form for tracking purposes in the Central Office.
- ♥ The WISEWOMAN provider will indicate the referral on the participant screening form. This will be documentation that a voucher was given to the client in the comments section of the screening form.
- ♥ Clients will then have the option of attending the local chapter that is the best for their schedule and comfort level. Clients are able and encouraged to attend several different chapter meetings to find the best suited chapter for them. These initial visits are free of charge. Meetings are held at various times of the day and days of the week.

- There are approximately 178 local chapters in Missouri. Chapter locations vary and include hospitals, churches, senior center settings, libraries and other community locations.
  - Clients will be able to identify local chapters by going to the website [www.tops.org](http://www.tops.org), clicking on the “Find A Meeting” tab, enter her home zip code and a travel radius.
- ♥ Once the client has selected her preferred chapter, she will take the voucher to her next chapter meeting. Client is responsible for an minimal chapter dues.
  - The TOPS chapter leader will take the voucher and have her complete a TOPS membership application.
  - The voucher will be sent in to the TOPS corporate office along with the client’s membership application.
- ♥ Client will be responsible for presenting her attendance sheet at each weekly meeting and having the TOPS leader sign off on her attendance.
- ♥ The WISEWOMAN provider will perform follow-up calls to the client throughout her participation in the program. The first WISEWOMAN provider follow-up call should occur six weeks from the screening visit. These calls and/or face-to-face meetings can be billed to the WISEWOMAN program as health coaching visits. These calls will include:
  - Getting the status of participation.
  - Problem solving any challenges to attending chapter meetings.
  - Providing general motivation/encouragement to the client.
  - Making sure the program is meeting the client’s needs and expectations.
- ♥ Once the client has attended 12 weekly sessions, she will then return to the WISEWOMAN provider clinic. At this face-to-face visit, WISEWOMAN provider/health coach will obtain the attendance sheet from the client. This attendance sheet is faxed to the WISEWOMAN Central Office as a form of completion of the 12 weekly sessions.
- ♥ At the 12 week face-to-face session with the client, the WISEWOMAN provider will provide the client with the incentive for her attendance to the TOPS program. The incentive includes the book *Real Life: The Hands-on Pounds-Off Guide* and food cards. Weekly attendance does not need to be recorded following the 12 week check-in, however it is encouraged as a motivator for the client.
- ♥ The WISEWOMAN provider/health coach will call the client four (4) to six (6) weeks after the 12 week check-in. This can be billed as a telephone health coaching session. This call will again include the following:
  - Getting the status of participation.
  - Problem solving any challenges to attending chapter meetings.

- Providing general motivation/ encouragement.
- Making sure the program is meeting the client's needs and expectations.

♥ TOPS mails a renewal notice six (6) to eight (8) weeks before a member is scheduled to renew and sends an "Oops" your membership is past due e-mail. The voucher for the TOPS Program is valid for one (1) year, after this time, if the client wishes to continue with the program, another signed voucher can be obtained at her annual WISEWOMAN rescreening. **Membership renewal will not be done until the client comes back in for her rescreening appointment.** The process would then resume from the beginning.

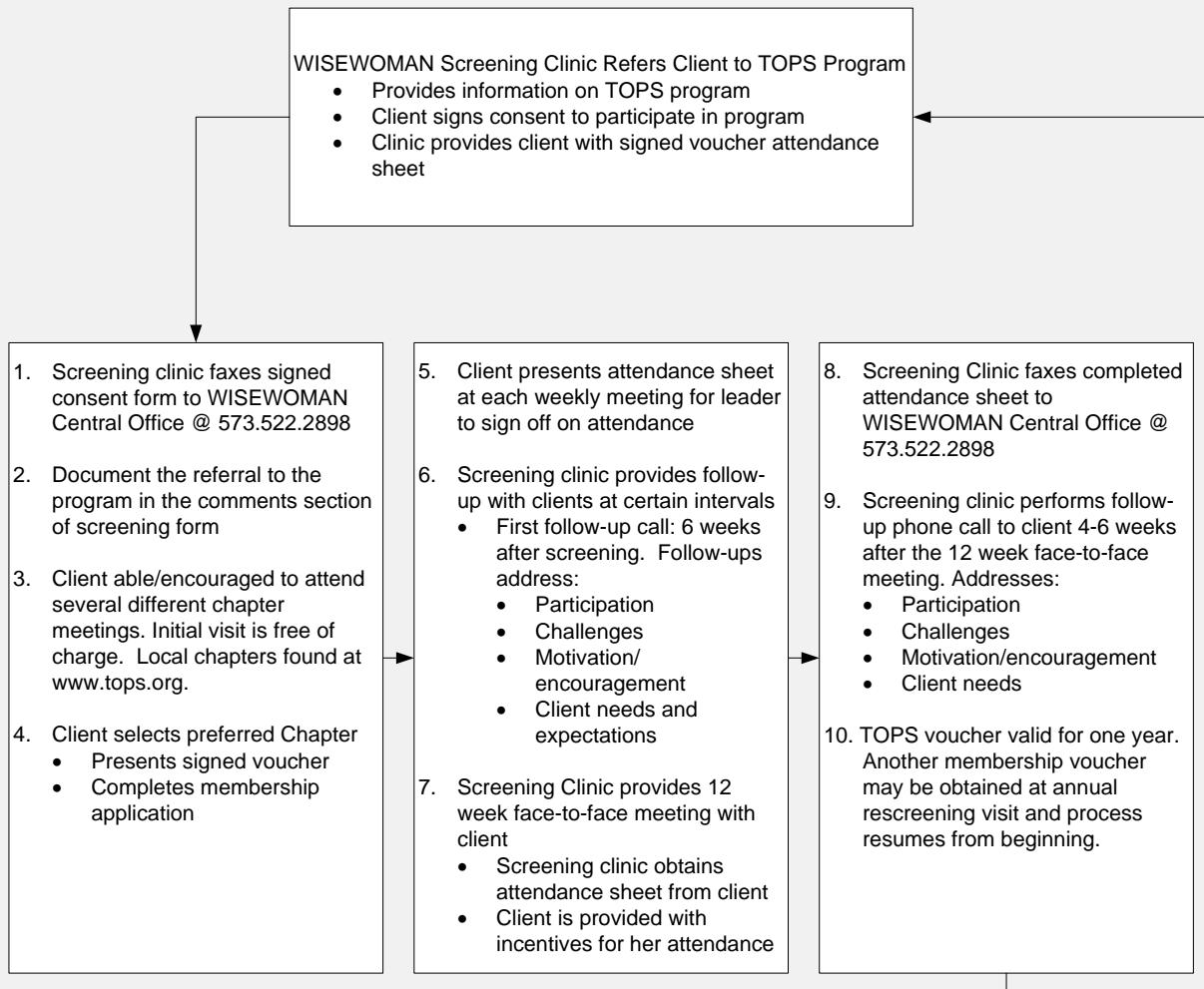
Please note that if at any time, the client stops attending Chapter meetings regularly, the TOPS Chapter leader (or another member) may call or email the client.

Please see the TOPS referral Flow Sheet, TOPS Program Overview, TOPS Club Inc. Terms of Service and a sample of the TOPS Membership Coupon on the following pages.





Missouri WISEWOMAN Program Services  
**Take Off Pounds Sensibly (TOPS)**



# TOPS® Program Overview and Benefits

## Real People. Real Weight Loss.®



### The TOPS Philosophy

TOPS doesn't pay celebrities to endorse us, and we don't promise quick fixes or promote unrealistic images of the "perfect" body. TOPS focuses on making small, steady lifestyle changes that provide lasting weight loss and better health. That's what we mean by Real People. Real Weight Loss.®

TOPS stands for Take Off Pounds Sensibly, and we've helped millions of people to do that over the last 60+ years. We're nonprofit and noncommercial, which means that we keep our costs low and we don't accept any outside advertising. We offer a network of thousands of weight-loss support groups across the United States and Canada. These groups, called chapters, provide a judgment-free zone where real people learn how they can make changes and get the support they need to reach their goals.

### What Happens at a Meeting

Each meeting starts with a private **Weigh-In**, which is often followed by **Roll Call**, a chance for members to share challenges, successes, or goals if they want to. Many chapters hand out **Awards** each week or month. Meetings include an information program to support your weight-loss efforts. The meeting usually closes with a **Thought for the Week** or other inspirational activity.

TOPS members **learn** to eat better, move more, and stay motivated through engaging educational programs that our experts prepare and that volunteers present at weekly meetings.

TOPS members **discover** that ongoing support and accountability are the keys to lifelong health.

TOPS members work toward a goal weight that they set **together** with their doctor or healthcare provider.

TOPS members focus on **improvement**—not perfection. Members keep their individuality and dignity no matter their weight.

TOPS chapters **recognize and celebrate** the victories big and small that each member has along the way.

### Membership Benefits

TOPS membership is affordable at just \$32 per year in the U.S. and \$36 in Canada, plus nominal weekly dues. For that, members receive:

- *My Day One*, a ready-set-go guide to healthy living
- One-year subscription to *TOPS News* magazine
- Healthy recipes, 28-day meal plan, weight tracker, wellness videos, self-care program, and more on our members-only website

In addition, many members enjoy the weekly camaraderie and make lifelong friends in TOPS.

A key element that sets TOPS apart is our recognition. Celebrating our members' success is important, whether they are losing weight or maintaining their goals as a KOPS (our term for members who have met their weight-loss goals and now Keep Off Pounds Sensibly).

Recognition can be:

- Varied by contests and incentives at chapter
- Weekly, short-term, and long-term
- At local, regional, and international levels

A variety of books, educational materials, and weight-loss tools are also available for purchase, but are not required for our weight-loss program.

### Online Membership

Members can get started right away! If face-to-face meetings aren't their style, or if they can't find a meeting that fits their schedule, they can be an online member and still take advantage of our experts' tips and our many print and online materials. Plus, they can choose to join a chapter at any time in the future. To join online, just go to [www.tops.org](http://www.tops.org) and click the red "Join TOPS" button.

### Joining Is Easy

The first visit to any chapter is free. Each chapter is a little different, so it's a good idea to try more than one before joining. With thousands of chapters across the U.S. and Canada, chances are there is a local chapter to suit anyone's needs.

Discounted memberships are available for spouses and children ages 7 to 17.

If there is not a local chapter that's convenient, it's easy to start one. All that is needed is four people. We provide an outline for a year of meetings and a free starter kit as well as guidance from TOPS Field Staff.



For more information: **800-932-8677** or [www.tops.org](http://www.tops.org)



## TOPS Club, Inc. Terms of Service

TOPS is a duly authorized 501(c)3 not-for-profit corporation, dedicated to helping people lose weight sensibly.

To assist organizations implementing the TOPS Program (**IMPLEMENTER**) as part of lifestyle interventions, TOPS shall:

1. Allow each participant or potential participant to attend any chapter meeting one time at no charge. Participants or potential participants are encouraged to visit more than one chapter, if multiple chapters are available.
2. Promptly fulfill and invoice orders for TOPS membership coupons and any additional tools the **IMPLEMENTER** chooses to purchase for **IMPLEMENTER** participants (**PARTICIPANTS**) who are referred to TOPS.
3. Provide **IMPLEMENTER** with a list of most highly recommended chapters in its service area.
4. Inform local chapters and TOPS Field Staff once TOPS membership coupons have been ordered. For privacy reasons, TOPS does not reveal that the chapter visitors will be **PARTICIPANTS**.
5. Keep all information of **PARTICIPANTS** who join TOPS confidential. TOPS will not sell nor share personally identifying member information or attendance records with third parties, including **IMPLEMENTER**. Therefore, any documentation required by **IMPLEMENTER** must come directly from **PARTICIPANTS** to **IMPLEMENTER**.
6. Share with **IMPLEMENTER** the TOPS membership application and Chapter Manual, the terms of which apply to all TOPS members, including **PARTICIPANTS**.

With regard to TOPS, **IMPLEMENTER** shall:

1. Refer to TOPS **PARTICIPANTS** who are deemed in need of its services.
2. Inform **PARTICIPANTS** that they are responsible for paying the weekly, monthly, or quarterly chapter dues, which vary by chapter. **IMPLEMENTER** understands that local chapters, Field Staff, or TOPS Club Inc. are not able to invoice for nominal chapter dues.
3. Recognize that local TOPS chapters are made up of volunteers who are unable to provide administrative reporting, photocopies, or receipts for **IMPLEMENTER** or any affiliated service providers (**PROVIDERS**).
  - a. Any documentation required by **IMPLEMENTER** must come directly from the participant. **IMPLEMENTER** or **PROVIDERS** may want to consider creating a weigh-in attendance sheet for the participant to bring to the TOPS chapter meetings. The volunteer Weight Recorder for the TOPS chapter could then initial and verify the participant's weight at the time of weigh-in. The participant would then be able to share his/her weight data with **IMPLEMENTER** and/or **PROVIDERS**.
4. Recognize that TOPS Field Staff (Coordinators and Area Captains) exist to support members and local TOPS chapters across a wide geographic area. They are not authorized to negotiate procedures, discuss terms of the agreement between TOPS and **IMPLEMENTER**, or report to **IMPLEMENTER**. Therefore, no alternative agreements between **IMPLEMENTER** and Field Staff or local chapters shall be honored.
5. Inform **PROVIDERS** that they must contact Maggie Thorison at TOPS Club Inc. if there is interest in forming a new TOPS chapter.
6. **IMPLEMENTER** shall share a copy of these Terms of Service to its program administrators (**ADMINISTRATORS**) and **PROVIDERS** so they are aware of the parameters of the TOPS Program.
7. **IMPLEMENTER**, **ADMINISTRATORS** and/or **PROVIDERS** may mandate participant reporting, testing, follow-up care, etc. In this case, **IMPLEMENTER**, **ADMINISTRATORS** and/or **PROVIDERS** shall make clear to **PARTICIPANTS** that such requirements are mandated by **IMPLEMENTER** and not by TOPS.

Please contact Maggie Thorison at TOPS Club, Inc. by calling (414) 482-4620 Ext. 23 or emailing [mthorison@tops.org](mailto:mthorison@tops.org) with any questions regarding the above terms of service.

# **TOPS® Membership Coupon**

**This coupon entitles \_\_\_\_\_  
to a one-year membership in TOPS Club, Inc.**

**Use this coupon as payment for your one-year membership in TOPS Club, Inc.**

If there are several TOPS chapters in your area, you may visit more than one before making a final decision on which chapter to join.



**TAKE OFF POUNDS  
SENSIBLY**

Chapters are run by volunteers under the guidance of TOPS Club, Inc. and vary in the complexity of the programs they present.

Treasurer: this certificate is  
**NOT VALID**  
without official  
TOPS seal here.

**Chapter Treasurer:**

This coupon is to be used as payment. Please attach to the completed Membership Form and send to your Coordinator.

Expiration Date: June 30, 2017

W-MO

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## WISEWOMAN TOBACCO CESSATION EDUCATION

According to The American Heart Association, smoking increases the risk of heart disease and stroke by two (2) to four (4) times. Also, women who smoke have a 25 percent higher risk of developing heart disease as compared to men who smoke. The WISEWOMAN Program works with WISEWOMAN providers to reimburse the education of clients on Tobacco Cessation Education. In this section, the WISEWOMAN Program has developed guidelines for WISEWOMAN providers on how to provide this education to all clients who indicate they use tobacco and valuable resources to provide this education.

### TOBACCO CESSATION EDUCATION GUIDELINES

- ♥ The client will indicate on the WISEWOMAN Assessment form (tan form) her current smoking status. This information is used by the provider to determine whether the client should be asked about smoking cessation education.
- ♥ The WISEWOMAN provider should address each client's smoking status and her readiness to change this habit.
- ♥ The WISEWOMAN provider staff should at the minimum address the 5 A's with each client who indicates on the assessment form she is a current smoker.
- ♥ If the WISEWOMAN provider addresses any type of smoking cessation education with the client, this can be billed and reimbursed by the WISEWOMAN Program.
- ♥ The tobacco cessation education, this grant year, will be billed as part of the health coaching session. If the WISEWOMAN provider speaks with the client about smoking cessation, it is billed on the orange WISEWOMAN health coaching form with the topic of 'Smoking Cessation' checked in the Topics Column.
- ♥ If the client also receives additional health coaching at the same time, for example, the WISEWOMAN provider discusses healthy eating for 15 minutes with the client and then discusses smoking cessation for 15 minutes with the client; the amount of time is added together and billed for as one health coaching session.
- ♥ The WISEWOMAN provider on the above example, would bill for a 30 minute health coaching session on the date of service it was provided, indicate whether it was face-to-face or telephone and then mark the topics of 'Healthy Eating' and 'Smoking Cessation' in the final column. This will reimburse the WISEWOMAN provider for both the health coaching on Healthy Eating and the education on Smoking Cessation.



- ♥ Smoking cessation education can occur with each health coaching session, or any of the health coaching sessions that address smoking cessation. There is not a limited number of visits a client can participate in when it comes to health coaching or smoking cessation education.
- ♥ If the client is wishing to speak with either a Physician or Nurse Practitioner regarding the use of medications for smoking cessation, a diagnostic office visit can be billed and reimbursed through the WISEWOMAN program. Please note that all diagnostic office visits must occur face-to-face and cannot be billed for any telephone conversations.
- ♥ The WISEWOMAN providers are also encouraged to use the Missouri Tobacco Quitline as a referral for clients who are current smokers.
- ♥ The client has the option to call the Missouri Tobacco Quitline herself, or if the WISEWOMAN provider utilizes the Tobacco Quitline referral form and faxes the client information to the Quitline, this will prompt the Quitline to contact the client instead of the client contacting the Quitline.
- ♥ If the client is referred to the Missouri Tobacco Quitline, please mark the referral box in the LSP referral section of the screening form and enter this information into MOHSAIC with the date the referral occurred.
- ♥ WISEWOMAN encourages clients who smoke to utilize the free services of the Missouri Tobacco Quitline and free or low cost community resources. The Missouri Tobacco Quitline can help Missourians stop using tobacco. The Quitline offers telephone and online counseling and resource materials to assist individuals who want to stop smoking or using other tobacco products. The Quitline is free to anyone in Missouri. Call 1-800-QUIT-NOW (1-800-784-8669) or register online at <http://www.quitnow.net/missouri>.

The following pages contain resources that can be used with clients to provide smoking cessation education.

## PROVIDER/PARTNER FAQ

### MISSOURI TOBACCO QUITLINE FAX REFERRAL

Using 1-800-Quit-Now, the tobacco user has to call to the Quitline. However, with a fax referral, the Quitline is allowed to reach out directly to the tobacco user.

#### **HOW DOES THE FAX REFERRAL PROGRAM WORK?**

The Partner/Health Care Provider and patient/tobacco user determine that the Quitline is a good referral resource.

- ♥ The tobacco user completes a fax referral form with the Health Care Provider or another clinic/office member.
- ♥ The form must be signed by the tobacco user or it cannot be accepted.
- ♥ The form must contain a current or valid phone number or the patient cannot be contacted.
- ♥ The clinic faxes the form to the Quitline. The clinic should also include their own fax number on the form so they can receive correspondence from the Quitline about the outcome of the interaction.
- ♥ The Quitline makes three (3) attempts to reach the tobacco user. After three attempts, the Quitline will fax the clinic a report, detailing the outcome of the outreach.

#### **HOW SOON AFTER THE FORM IS FAXED DO PATIENTS RECEIVE A CALL FROM THE QUITLINE?**

Participants (patients) receive a call from the Quitline within 48 hours of the time the fax is sent. The fax **must** have a valid phone number where the Quitline can reach the participant.

#### **HOW DO I KNOW IF MY PATIENT ACCEPTED SERVICE FROM THE QUITLINE?**

The Quitline will send a Fax Back Outcome Report to your clinic/organization after three attempts have been made to reach the participant, or after connecting with the participant.

#### **HOW DO I KNOW WHAT KIND OF SERVICE THE QUITLINE WILL GIVE MY PATIENT?**

Details about the service accepted are listed on the Fax Back Outcome Report that your clinic/organization will receive.

## IF A PATIENT REFUSES THE QUITLINE SERVICES WHEN CALLED, CAN THEY STILL CALL ON THEIR OWN TO BEGIN SERVICES WITH THE QUITLINE AT ANOTHER TIME?

---

Yes, if a patient refuses Quitline services when called through the fax referral program, he or she can still initiate a call into the Quitline at any time to receive service.

## WHY SHOULD I USE A FAX REFERRAL INSTEAD OF JUST TELLING MY PATIENT TO CALL THE QUITLINE?

---

The Fax Referral eliminates the barrier of the tobacco user having to initiate the first call to the Quitline. It allows the provider/clinic to ensure a proactive follow-up step after the visit. It creates an easy opportunity for the provider to take action with the tobacco user at the time of the visit. The program makes providers aware of any follow-up that will occur outside of the clinic/organization through a “Fax Back” report on the services the tobacco user will receive. Finally, it allows for follow-up in clinics or areas where follow-up might not otherwise be possible (like ER, etc.).



# MISSOURI TOBACCO QUITLINE

Fax Number: 1-800-483-3114

## FAX REFERRAL FORM

**Provider Information:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinic Name: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I am a HIPAA-Covered Entity (Please check one)       Yes     No     I Don't Know

Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_      Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Comments:**

---

**Patient Information:**

Gender:  male  female

Pregnant?  Y  N

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm #: (\_\_\_\_) \_\_\_\_-\_\_\_\_      Wk #: (\_\_\_\_) \_\_\_\_-\_\_\_\_      Cell #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Language Preference (check one):  English       Other \_\_\_\_\_

Tobacco Type (check primary use):  Cigarettes     Smokeless Tobacco     Cigar     Pipe

\_\_\_\_\_ I am ready to quit tobacco and request the Missouri Tobacco Quit Line contact me to help  
**(Initial)** me with my quit plan.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

The Missouri Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. The Quitline is open 7 days a week:

7am - 11am CT     11am - 2pm CT     2pm - 5pm CT     5pm - 8pm CT     8pm - 11pm CT

Within this 3-hour time frame, please contact me at (check one):  hm  wk  cell

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Missouri Department of Health and Senior Services  
An Equal Opportunity/Affirmative Action Employer Services provided on a nondiscriminatory basis.

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## THE “5 A’S” MODEL FOR TREATING TOBACCO USE AND DEPENDENCE

(Adapted from Treating Tobacco Use and Dependence Quick Reference Guide for Clinicians, October 2000 U.S. Public Health Service)

ASK	
Action	Strategies for Implementation
<b>Ask</b> every patient at every visit, including hospital admissions, about tobacco use.	Identify all tobacco users at every visit. Establish an office system to consistently identify tobacco use status at every visit. Determine what form of tobacco is used. Determine frequency of use. Determine tobacco use status. Make note of patients exposed to secondhand smoke.
ADVISE	
Action	Strategies for Implementation
In a <b>clear, strong</b> and <b>personalized</b> manner, advise every tobacco user to quit.	Clear: “As your provider, I want to offer you some education about tobacco use and encourage you to consider quitting today.” Strong: “As your provider, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future.” Personalized: Tie tobacco use to current health/illness, its social and economic costs, motivation level/readiness to quit, and/or the impact of tobacco use on children and others in the household.
Be mindful in a non-judgmental manner.	Guide them towards quitting by providing options and use empathy.
ASSESS	
Action	Strategies for Implementation
<b>Assess</b> willingness to make a quit attempt within the next 30 days.  Determine with patients the costs and benefits of using tobacco.  Determine where each patient is in terms of the readiness to change model.	Assess readiness for change using motivational interviewing strategies. If the individual is ready to quit, proceed to Assist and/or Arrange for more intensive tobacco cessation services. If the person will participate in an intensive treatment, deliver such a treatment or refer to an intensive intervention (Arrange). If the person is not yet ready to quit, don’t give up. Providers can give effective motivational intervention that helps patients identify quitting as personally relevant and repeat motivational interventions at <b>every</b> visit. For addressing tobacco cessation with tobacco users not ready to quit, please use the 5 R’s (relevance, risks, rewards, roadblocks and repetition).

<b>Assess</b> past quit attempts and past withdrawal symptoms for patients wanting to quit.	<p>For the <b>individual who is ready to quit:</b></p> <p>Obtain a smoking history and assess experience with previous quit attempts:</p> <ul style="list-style-type: none"> <li>• Explore reasons for quitting.</li> <li>• Any change in functioning when they tried to stop?</li> <li>• Cause of relapse (was this due to withdrawal symptoms or other consequences to quitting - weight gain, relationship loss, etc.)?</li> <li>• How long did the person remain abstinent?</li> <li>• Prior cessation treatment in terms of type, adequacy (dose, duration), compliance and individual's perception of effectiveness.</li> <li>• Expectations about future attempts and treatments?</li> </ul>
	<p>Increasing readiness/motivation: If a person is <b>not ready to make a quit attempt</b>, enhance motivation and deal with anticipated barriers to cessation.</p> <ul style="list-style-type: none"> <li>• List pros/cons of smoking and quitting.</li> <li>• Increase monitoring of tobacco use.</li> <li>• Help the person understand current motivation and barriers.</li> <li>• Address potential fears of withdrawal symptoms or consequences of quitting.</li> </ul>
	<b>Additional assessment may be needed for individuals who have co-occurring psychiatric diagnosis.</b>
Motivation Interviewing Questions/Techniques to help in the ASSESS phase	<p><b>Example Questions:</b></p> <ul style="list-style-type: none"> <li>• What do you want to know about tobacco use? What concerns do you have about quitting?</li> <li>• What are you thinking about your tobacco use at this point?</li> <li>• What would be a first step for you?</li> <li>• There are several options for tobacco cessation treatment. What are your questions about treatment?</li> <li>• If you did quit tobacco, what would be some of the benefits?</li> <li>• What might it take for you to make a decision to stop using tobacco?</li> <li>• Suppose you continue using tobacco. What do you think might happen in 5 years?</li> <li>• When you tried quitting in the past, what was the biggest barrier to staying quit?</li> <li>• What is your biggest fear about quitting?</li> <li>• What is your biggest fear about continuing your tobacco use?</li> </ul>
<b>ASSIST</b>	
Action	Strategies for Implementation
Help the person win their plan to quit.	<p><b>Set a quit date</b>, ideally within two weeks.</p> <p>Tell family, friends and coworkers about quitting and request understanding and support.</p> <p><b>Anticipate</b> triggers or challenges to planned quit attempts,</p>

	<p>particularly during the critical first few weeks, including how to manage nicotine withdrawal symptoms. Discuss how the individual will successfully overcome these triggers or challenges.</p> <p><b>Remove</b> tobacco products from the environment. Prior to quitting, patients should avoid smoking in places where they spend a lot of time (e.g., work, home, car).</p> <p>For patients with cognitive difficulties (e.g., memory or attention deficits) due to age, traumatic brain injury or mental illness, have them write down their quit plan, so they can refer to it later.</p>
Recommend use of approved nicotine replacement therapy (NRT) and/or other appropriate medications in combination with counseling or behavior therapies.	<p>Recommend the use of NRT and/or other medications to increase cessation success.</p> <p>Discuss options for addressing behavioral changes (e.g., cessation classes, individual counseling, telephone coaching from your state's Quitline).</p> <p>Reinforce that their decision to quit is a positive step towards wellness.</p>
<b>ARRANGE</b>	
Action	Strategies for Implementation
Schedule follow-up contact.	<p>Timing. Follow-up contact should occur soon after the quit date, preferably within the first week. A second follow-up contact is recommended within the first month. Schedule further follow-up contacts as needed.</p> <p>Action during follow-up contact:</p> <p><b>Congratulate success!</b></p> <p>If the person has relapsed, explore what happened by returning to motivational interviewing assessment tools. Explore what they will need moving forward and prepare them to try again.</p> <ul style="list-style-type: none"> <li>• Remind patient that relapses are useful learning experiences.</li> <li>• Identify supports and challenges to being tobacco-free in the immediate future.</li> <li>• Assess NRT/medication.</li> <li>• Consider use or referral to more intensive treatment.</li> <li>• <b>Give positive feedback about the patient's progress towards quitting.</b></li> </ul> <p><b>Individuals often cut down substantially on their tobacco use before quitting, and this harm reduction needs to be recognized and congratulated.</b></p>

## THE 5 R'S: ADDRESSING TOBACCO CESSATION FOR INDIVIDUALS NOT YET READY TO QUIT

(Adapted from Treating Tobacco Use and Dependence Quick Reference Guide for Clinicians, October 2000 U.S. Public Health Service)

The “5 R’s” Relevance, Risks, Rewards, Roadblocks and Repetition, are designed to motivate people using tobacco who are not currently ready to quit. Individuals may not be ready to quit due to misinformation, concern about the effects of quitting or demoralization because of a previous unsuccessful quit attempt. Therefore, after asking about tobacco use, advising the person to quit and assessing the willingness of the person to quit, it is important to use the “5 R’s” motivational intervention.

### RELEVANCE

Encourage the individual to explore why quitting is personally relevant. Some information that is particularly relevant to many patients is their medical status or risk, family or social situation (e.g., having children in the home), health concerns, age, gender and other important patient characteristics (e.g., prior quitting experience, personal barriers to cessation).

### RISKS

Ask the individual to identify potential negative consequences of tobacco use. Suggest and highlight those that seem most relevant to them. Emphasize that smoking low-tar/low-nicotine cigarettes or use of other forms of tobacco (e.g., smokeless tobacco, cigars, pipes and e-cigarettes) will not eliminate their risks.

#### Example Question Regarding Risk:

- Tell me about any negative consequences you experience due to your tobacco use.
- What do you dislike about your tobacco use?
- Tell me about any anxiety or concerns you have about continuing to use tobacco?
- Are you being pressured to quit by others? Who is pressuring you? How do you feel about it?

## REWARDS

Ask the patient to identify potential benefits of stopping tobacco use. Suggest and highlight those that seem most relevant to the person.

### Examples of Rewards:

- Improved health
- Food tastes better
- Improved sense of smell
- Money saved
- Better self-image
- Home, car, clothing, breath smell better
- No more worrying about quitting
- Set a good example for children
- No more worrying about exposing others (including pets) to smoke
- Feel better physically
- Perform better in physical activities

Reduce wrinkling/aging of skin

## ROADBLOCKS

Ask the patient to identify challenges to quitting and note elements of treatment (problem solving, medications) that could address these challenges. Brainstorm with individuals how to resolve these obstacles and **remember that it is best to use solutions created by the person who will use them.**

### Challenges may Include:

- Withdrawal symptoms
- Fear of failure
- Weight gain
- Lack of support
- Depression
- Enjoyment of tobacco
- Loss of relationships/social engagements
- Lack of coping skills to manage emotion
- Fear of increased anxiety

## REPETITION

Repeat motivational interventions with patients

### Examples of Rewards:

- Improved health
- Food tastes better
- Improved sense of smell
- Money saved
- Better self-image

## DECISIONAL WORKSHEET

Things I like about smoking

Things I do not like about smoking

Things I would dislike about quitting

Things I would like about quitting

Reasons to stay the same

Reasons for making a change



## Cigarette Time/Cost Calculator

### How Much Are Cigarettes *Really* Costing You?

Not only does smoking affect your health and the health of those around you, but it takes up a lot of time and costs a lot of money, too. It may surprise you how much money you can save by quitting. See the charts below to figure out how much you can save when you quit smoking.

Amount of Money You Save							
Number of Packs a Day	1 Day*	1 Month (30 days)	3 Months	6 Months	1 Year (365 days)	3 Years	5 Years
½	\$2.86	\$85.65	\$256.95	\$513.90	\$1043.90	\$3131.70	\$5219.50
1	\$5.71	\$171.30	\$513.90	\$1027.80	\$2084.15	\$6252.45	\$10,420.75
1½	\$8.57	\$257.10	\$771.30	\$1542.60	\$3128.05	\$9384.15	\$15,640.25
2	\$11.42	\$342.60	\$1027.80	\$2055.60	\$4168.30	\$12,504.90	\$20,841.50
3	\$17.13	\$513.90	\$1541.70	\$3083.40	\$6252.45	\$18,757.35	\$31,262.25
4	\$22.84	\$685.20	\$2055.60	\$4111.20	\$8336.60	\$25,009.80	\$41,683.00

\*Estimates based on an average of \$5.71 per pack of cigarettes.<sup>1,2</sup> Does not include interest income from investing the savings.

Amount of Time (hours) You Save							
Number of Packs a Day	1 Day†	1 Month (30 days)	3 Months	6 Months	1 Year	3 Years	5 Years
½	1	30	90	180	360	1080	1800
1	2	60	180	360	720	2160	3600
1½	3	90	270	540	1080	3240	5400
2	4	120	360	720	1440	4320	7200
3	6	180	540	1080	2160	6480	10,800
4	8	240	720	1440	2880	8640	14,400

†Estimates based on an average time to smoke a cigarette of 6 minutes and 20 cigarettes in a pack.<sup>3</sup>





## What Will You Do With the Money and Time You Save?

How much money will you save in a year by quitting smoking? (See top chart on other side.)

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What will you do with the money you save in a year? Pay bills? Buy new clothes? Take a vacation? Make a down payment on a new car?

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How much time do you spend each day smoking and doing nothing else? (See bottom chart on other side.)

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What will you do with the extra time each day? Exercise? Fix something in the house? Garden? Sleep longer?

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# SMOKING CESSATION: CREATING A QUIT-SMOKING PLAN

## CREATE PLAN TO COPE WITH HURDLES YOU MAY FACE AS YOU QUIT SMOKING.

By Mayo Clinic Staff (May 2014)

If you're like many smokers and other tobacco users, you know you should quit — you just aren't sure how to do it. Creating a quit-smoking plan may improve your chances of stopping for good. Having a plan helps prepare you for coping with the physical and emotional issues that often arise when you stop smoking, such as nicotine withdrawal and strong urges to smoke.

### DECIDING TO QUIT SMOKING

Sure, you may be able to list plenty of reasons to stop smoking. You may be worried about the health problems related to smoking, the social stigma, the expense or the pressure from loved ones. But only you can decide when you're ready to stop smoking.

You may spend a lot of time thinking about quitting smoking before you're ready to actually do it. If you're thinking about quitting, go ahead and pick a specific day to quit — your quit day — and then plan for it.

### PICKING A QUIT DAY

Pick a specific day within the next month to quit smoking. Don't set your quit day too far in the future, or you may find it hard to follow through. But don't quit before you have a quit-smoking plan in place, either. Having a day in mind can help you prepare for what to expect and line up helpful support. Pick a random day as your quit day, or pick a day that holds special meaning for you, such as a birthday or anniversary, a holiday, or a day of the week that's generally less stressful for you.

What if you decide to quit smoking on the spur of the moment? Follow the quit-day advice and go for it.

## PREPARING FOR QUIT DAY

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There's no easy way to quit smoking. But planning for it can help you overcome the hurdles you're likely to face. Here are steps you can take as you prepare for your quit day:

- ♥ **Mark the day.** Make a big notation of your quit day on your calendar. It's an important day in your life, so treat it like one.
- ♥ **Talk to your health care provider.** If you haven't talked to your doctor or health care provider yet about quitting smoking, do so now. Ask about stop-smoking counseling and medications. Using either counseling or medication improves your odds of success. And combining them is even more effective. If you'll be using the prescription medication bupropion (Zyban) or varenicline (Chantix), you should start the medication at least a week or two before your quit day to give it time to begin working.
- ♥ **Tell people.** Let family, friends and co-workers know about your quit day. Make them your allies. They can provide moral support. But tell them how they can be most supportive of your effort to quit smoking, so they are helpful and not just nagging.
- ♥ **Clean house.** Rid your home, car, office and other places of your past smoking and tobacco supplies. Don't keep any cigarettes on hand "just in case" — you might not be able to resist the temptation. Also, consider getting your teeth professionally cleaned as motivation to stay quit.
- ♥ **Stock up.** Have on hand items that can substitute for the cigarette you're used to having in your mouth, such as sugarless gum, hard candy, cinnamon sticks and crunchy vegetables.
- ♥ **Join up.** The more support you have, the more likely you are to stop smoking successfully. Find local quit-smoking support groups. Many hospitals and clinics offer classes or groups. You can join online quit-smoking groups or programs. You can even get applications for your phone text messages or alerts to help you quit. Every state and many employers have a telephone quit line with professional coaches to help you develop your quit plan and support you through the process. Call 800-784-8669 (800-QUIT-NOW).
- ♥ **Reflect.** If you've tried to quit smoking before, but took it up again, think about what challenges you faced and why you started again. What worked and what didn't? Think about what you can do differently this time. For example, make a list of your triggers and how you will deal with them. Keeping a journal about your quit-smoking efforts may help you monitor feelings and situations that ignite your smoking urges.

## HANDLING QUIT DAY

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Getting through your quit day can be emotionally and physically challenging, especially if strong tobacco cravings strike. Try these tips to help manage your quit day:

- ♥ Don't smoke, not even "just one."
- ♥ Use nicotine replacement therapy if you've chosen that method.
- ♥ Remind yourself of your reasons to stop smoking.
- ♥ Drink plenty of water or juice.
- ♥ Keep physically active.
- ♥ Avoid situations and people that trigger your urge to smoke.
- ♥ Attend a support group, counseling session or stop-smoking class.
- ♥ Practice stress management and relaxation techniques.
- ♥ Keep your hands busy by typing, writing, squeezing a ball or knitting.

## STAYING QUIT

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With a quit-smoking plan to guide you, you'll have resources that you can lean on when you quit smoking. The more resources you have in place — support groups, nicotine replacement, medications, coaching — the more likely you are to quit and stay quit.

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## Guide to Quitting Smoking

### What do I need to know about quitting?

The US Surgeon General has said, “Smoking cessation [stopping smoking] represents the single most important step that smokers can take to enhance the length and quality of their lives.”

It’s hard to quit smoking, but you can do it. To have the best chance of quitting and staying a non-smoker, you need to know what you’re up against, what your options are, and where to go for help. You’ll find this information here.

### Why is it so hard to quit smoking?

Mark Twain said, “Quitting smoking is easy. I’ve done it a thousand times.” Maybe you’ve tried to quit, too. Why is quitting and staying quit hard for so many people? The answer is mainly nicotine.

#### Nicotine

Nicotine is a drug found naturally in tobacco, which is as addictive as heroin or cocaine. Over time, a person becomes physically dependent on and emotionally addicted to nicotine. This physical dependence causes unpleasant withdrawal symptoms when you try to quit. The emotional and mental dependence (addiction) make it hard to stay away from nicotine after you quit. Studies have shown that to quit and stay quit, smokers must deal with both the physical and mental dependence.

#### How nicotine gets in, where it goes, and how long it stays

When you inhale smoke, nicotine is carried deep into your lungs. There it’s quickly absorbed into the bloodstream and carried, along with the carbon monoxide and other toxins, to every part of your body. In fact, nicotine inhaled in cigarette smoke reaches the brain faster than drugs that enter the body through a vein (intravenously or IV).

Source: <http://www.cancer.org/acs/groups/cid/documents/webcontent/002971-pdf.pdf>

Nicotine affects many parts of your body, including your heart and blood vessels, your hormones, the way your body uses food (your metabolism), and your brain. Nicotine can be found in breast milk and even in the cervical mucus of female smokers. During pregnancy, nicotine crosses the placenta and has been found in amniotic fluid and the umbilical cord blood of newborn infants.

Different factors affect how long it takes the body to remove nicotine and its by-products. In most cases, regular smokers will still have nicotine and/or its by-products, such as cotinine, in their bodies for about 3 to 4 days after stopping.

## **How nicotine hooks smokers**

Nicotine causes pleasant feelings and distracts the smoker from unpleasant feelings. This makes the smoker want to smoke again. Nicotine also acts as a kind of depressant by interfering with the flow of information between nerve cells. Smokers tend to smoke more cigarettes as the nervous system adapts to nicotine. This, in turn, increases the amount of nicotine in the smoker's blood.

Over time, the smoker develops a tolerance to nicotine. Tolerance means that it takes more nicotine to get the same effect that the smoker used to get from smaller amounts. This leads to an increase in smoking. At some point, the smoker reaches a certain nicotine level and then keeps smoking to keep the level of nicotine within a comfortable range.

When a person finishes a cigarette, the nicotine level in the body starts to drop, going lower and lower. The pleasant feelings wear off, and the smoker notices wanting a smoke. If smoking is postponed, the smoker may start to feel irritated and edgy. Usually it doesn't reach the point of serious withdrawal symptoms, but the smoker gets more uncomfortable over time. When the person smokes a cigarette, the unpleasant feelings fade, and the cycle continues.

## **Nicotine withdrawal symptoms can lead quitters back to smoking**

When smokers try to cut back or quit, the lack of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Physically, the body reacts to the absence of nicotine. Mentally, the smoker is faced with giving up a habit, which calls for a major change in behavior. Emotionally, the smoker may feel like they've lost their best friend. All of these factors must be addressed for the quitting process to work.

Those who have smoked regularly for a few weeks or longer will have withdrawal symptoms if they suddenly stop using tobacco or greatly reduce the amount they smoke. Symptoms usually start within a few hours of the last cigarette and peak about 2 to 3 days later when most of the nicotine and its by-products are out of the body. Withdrawal symptoms can last for a few days to up to several weeks. They will get better every day that you stay smoke-free.

Source: <http://www.cancer.org/acs/groups/cid/documents/webcontent/002971-pdf.pdf>

Withdrawal symptoms can include any of the following:

- Dizziness (which may last 1 to 2 days after quitting)
- Depression
- Feelings of frustration, impatience, and anger
- Anxiety
- Irritability
- Sleep disturbances, including having trouble falling asleep and staying asleep, and having bad dreams or even nightmares
- Trouble concentrating
- Restlessness or boredom
- Headaches
- Tiredness
- Increased appetite
- Weight gain
- Constipation and gas
- Cough, dry mouth, sore throat, and nasal drip
- Chest tightness
- Slower heart rate

These symptoms can make the smoker start smoking again to boost blood levels of nicotine until the symptoms go away. (For information on coping with withdrawal, see the section called “Dealing with smoking withdrawal.”)

## Other substances in cigarette smoke

There is some evidence that other chemicals in cigarette smoke may act with nicotine to make it harder to quit smoking. The effects of smoking on monoamine oxidase (a brain chemical) is still being studied. For some people, withdrawing from smoking causes more severe mood problems, which can result in worse cravings and more trouble staying quit.

Source: <http://www.cancer.org/acs/groups/cid/documents/webcontent/002971-pdf.pdf>

## **Smoking affects other medicines**

Smoking also makes your body get rid of some drugs faster than usual. When you quit smoking, it may change the levels of these drugs. Though it's not truly withdrawal, this change can cause problems and add to the discomfort of quitting. Ask your doctor if any medicines you take need to be checked or changed after you quit.

## **How does smoking affect your health?**

Health concerns usually top the list of reasons people give for quitting smoking. This is a very real concern: smoking harms nearly every organ of the body.

Half of all smokers who keep smoking will end up dying from a smoking-related illness. In the United States alone, smoking is responsible for nearly 1 in 5 deaths, and more than 16 million people suffer from smoking-related diseases.

### **Cancer**

Nearly everyone knows that smoking can cause lung cancer, but few people realize it is also linked to a higher risk for many other kinds of cancer too, including cancer of the mouth, nose, sinuses, lip, voice box (larynx), throat (pharynx), esophagus, bladder, liver, kidney, pancreas, ovary, cervix, stomach, colon, rectum, and acute myeloid leukemia.

### **Lung diseases**

Smoking greatly increases your risk of getting long-term lung diseases like emphysema and chronic bronchitis. These diseases make it harder to breathe, and are grouped together under the name *chronic obstructive pulmonary disease* (COPD). COPD causes chronic illness and disability, and gets worse over time – sometimes becoming fatal. Emphysema and chronic bronchitis can be found in people as young as 40, but are usually found later in life, when the symptoms become much worse. Long-term smokers have the highest risk of developing severe COPD. Pneumonia and tuberculosis are also included in the list of diseases caused or made worse by smoking.

### **Heart attacks, strokes, and blood vessel diseases**

Smokers are twice as likely to die from heart attacks as non-smokers. Smoking is a major risk factor for *peripheral vascular disease*, a narrowing of the blood vessels that carry blood to the leg and arm muscles. Smoking also affects the walls of the vessels that carry blood to the brain (carotid arteries), which can cause strokes. Smoking can cause *abdominal aortic aneurysm*, in which the layered walls of the body's main artery (the aorta) weaken and separate, often causing sudden death. And men who smoke are more likely to develop erectile dysfunction (impotence) because of blood vessel disease.

Source: <http://www.cancer.org/acs/groups/cid/documents/webcontent/002971-pdf.pdf>

## **Blindness and other problems**

Smoking increases the risk of macular degeneration, one of the most common causes of blindness in older people. It promotes cataracts, which cloud the lens of the eye. It also causes premature wrinkling of the skin, bad breath, gum disease, tooth loss, bad-smelling clothes and hair, and yellow teeth and fingernails.

## **Special risks to women and babies**

Women have some unique risks linked to smoking. Women over 35 who smoke and use birth control pills have a higher risk of heart attack, stroke, and blood clots in the legs. A woman who smokes is more likely to have an ectopic pregnancy (tubal pregnancy), which can't be saved and can threaten the mother's life. Smokers are also more likely to miscarry (lose the baby) or have a lower birth-weight baby. Low birth-weight babies are more likely to die or have learning and physical problems. And mothers who smoke during early pregnancy are more likely to have babies with cleft lip and cleft palate.

For more on how smoking can affect women and their babies, please see *Women and Smoking*.

## **Years of life lost due to smoking**

Based on data collected in the late 1990s, the US Centers for Disease Control and Prevention (CDC) estimated that adult male smokers lost an average of 13.2 years of life and female smokers lost 14.5 years of life because of smoking.

Each year, smoking causes early deaths of about 480,000 people in the United States. And given the diseases that smoking can cause, it can steal your quality of life long before you die. Smoking-related illness can limit your activities by making it harder to breathe, get around, work, or play.

## **Why quit smoking now?**

No matter how old you are or how long you've smoked, quitting can help you live longer and be healthier. People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who keep smoking. Ex-smokers enjoy a higher quality of life – they have fewer illnesses like colds and the flu, lower rates of bronchitis and pneumonia, and feel healthier than people who still smoke.

For decades the Surgeon General has reported the health risks linked to smoking. In 1990, the Surgeon General concluded:

Source: <http://www.cancer.org/acs/groups/cid/documents/webcontent/002971-pdf.pdf>

## WISEWOMAN MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a counseling/conversation style that helps clients increase motivation and confidence to make behavior changes. MI is very different from counseling where the instructor provides information and guidance while doing the majority of the talking. MI techniques provide for an open dialogue between the educator and the client. With MI, the client talks through their feelings, motivation and ability to change. MI tools help her explore her own behaviors and find answers within.

MI creates a safe, non-threatening environment for client to discuss behavior changes. It is not judgmental or confrontational and does not accuse the client of wrongdoing or argue with her on the facts of why she needs to change. For the client who is resistant or ambivalent regarding making behavior change, MI tools help the client engage in “change talk”.

### KEY MOTIVATIONAL INTERVIEWING COMMUNICATION PRINCIPLES

(WIC Learning Online: Principles of Motivational Interviewing)

#### PRINCIPLE 1: EXPRESS EMPATHY

Expressing empathy towards a participant shows acceptance and increases the chance of the counselor and participant developing a rapport.

- ♥ Acceptance enhances self-esteem and facilitates change.
- ♥ Skillful reflective listening is a fundamental.
- ♥ Participant ambivalence is normal.

#### PRINCIPLE 2: DEVELOP DISCREPANCY

Developing discrepancy enables the participant to see that her present situation does not necessarily fit into her values and what she would like in the future.

- ♥ A participant rather than the counselor should present arguments for change.
- ♥ Change is motivated by a perceived discrepancy between present behavior and important personal goals and values.

## PRINCIPLE 3: ROLL WITH RESISTANCE

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Rolling with resistance prevents a breakdown in communication between participant and counselor and allows the participant to explore her views.

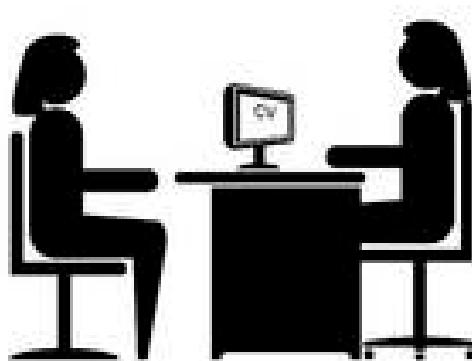
- ♥ Avoid arguing for change.
- ♥ Do not directly oppose resistance.
- ♥ New perspectives are offered but not imposed.
- ♥ The participant is a primary resource in finding answers and solutions.
- ♥ Resistance is a signal for the counselor to respond differently.

## PRINCIPLE 4: SUPPORT SELF-EFFICACY

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Self-efficacy is a crucial component to facilitating change. If a participant believes that she has the ability to change, the likelihood of change occurring is greatly increased.

- ♥ A person's belief in the possibility of change is an important motivator.
- ♥ The participant, not the counselor is responsible for choosing and carrying out change.
- ♥ The counselor's own belief in the participant's ability to change becomes a self-fulfilling prophecy.



## ESSENTIAL ELEMENTS OF MOTIVATIONAL INTERVIEWING

### ENGAGING

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- ♥ Building rapport.
- ♥ Exploring strengths and goals.

### FOCUSING

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- ♥ Develop a direction.
  - The client's direction.
- ♥ Agree upon agenda.
- ♥ May need to be revisited.

### EVOKING

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- ♥ Eliciting client's motivation for change.

### PLANNING

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- ♥ Develop a commitment to change.
- ♥ Developing a concrete next step for action (S.M.A.R.T. goals).
- ♥ Respect for autonomy.
- ♥ Leveraging client's expertise about their circumstances.



## UTILIZING MI WITH THE STAGES OF CHANGE MODEL

Working from the framework of the Stage of Change model, the educator prompts the client to move toward the Action and Maintenance stages. The table below describes the Stages of Change and what you, as the educator, can say to assist the client in working through the different stages.

Stages of Change	Motivational Interviewing Task
<b>Pre-contemplation</b> Client is unaware or barely aware of a problem. Client has no thoughts of changing now or in the future.	Establish a rapport with client, ask permission and build trust, express concern and keep door open for future conversations.
<b>Contemplation</b> Client is aware of the problem and is thinking about changing. Weighs the pros/cons of changing. May be unsure of what to do.	Affirm client's ambivalence and assist them to strengthen their motivation to change. Use the 0 to 10 scale, gauge where client currently falls on the scale. Help client develop confidence that they will be able to make changes.
<b>Preparation</b> Client has decided to take the steps necessary to change. Client sets reachable goals and makes specific plans.	Help the client determine the best course of action to reach goal. Discuss steps the client feels is needed to make changes and how to reduce barriers to making change. Assist client in enlisting social support.
<b>Action</b> Client modifies their behaviors, experiences and their environment to address the problem. Client is making changes.	Acknowledge that the client is taking steps towards change and acknowledge difficulties in the early stages of change. Assist client to identify high risk situations and help them develop coping strategies to overcome them. Be supportive throughout the process.
<b>Maintenance</b> Client stabilizes their behavior changes and engages in new behaviors. They also choose an effective support system.	Affirm client's accomplishments and their continued positive lifestyle changes. Review client's coping strategies that are being used to avoid a return to the unwanted behavior. Review long-term goals with client.
<b>Relapse</b> Client relapse will likely happen, so use it as a learning opportunity.	Help client to address the consequences of the unwanted behavior and to decide what to do next. Discuss with the client the meaning of lapse/relapse and use as a learning opportunity-agree on a plan if this occurs in the future. Offer encouragement to client to get back on track.

## ELICIT-PROVIDE-ELICIT METHOD WITH INFORMATION EXCHANGE

When using Motivational Interviewing with clients, it is important in information exchange to use the elicit-provide-elicit method of communicating important information. Many medical professionals tend to want to tell the client the “right” thing to do, however, when using motivational interviewing, it is essential to allow the client to provide you with the information and listen instead of telling.

### ELICIT

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Ask what the client knows or would like to know or if it's okay if you offer them information. Examples of this would be:

- ♥ “What do you know about.....”
- ♥ “Do you mind if I express my concerns?”
- ♥ “Can I share some information with you?”
- ♥ “Is it okay with you if I tell you what we know?”

### PROVIDE

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Provide information in a neutral, non-judgmental fashion. Examples of this would include:

- ♥ “Research suggests....”
- ♥ “Studies have shown....”
- ♥ “Others have benefitted from....”
- ♥ “Folks have found....”
- ♥ “What we know is....”

The counselor should avoid using “I” and “You” when providing information using motivational interviewing.

### ELICIT

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Elicit the client's interpretation. Some examples of this would be:

- ♥ “What does this mean to you?”
- ♥ “How can I help?”
- ♥ “Where does this leave you?”

Assessing importance and confidence is also important when discussing change with the client.

## ASSESSING IMPORTANCE AND CHANGE

### IMPORTANCE

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- ♥ “How important would you say it is for you to \_\_\_\_\_? On a scale from 0-10, where 0 is not at all important and 10 is extremely important, where would you say you are?”

This gives the provider a starting point to know how important this change is the client. Conversations can be from how important the change is to the client.

### CONFIDENCE

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- ♥ “And how confident would you say you are, that if you decide to \_\_\_\_\_, you could do it? On the same scale from 0-10 where 0 is not at all confident and 10 is extremely confident, where would you say that you are?”

The counselor would then choose to focus on the importance or the change:

### ENCOURAGE ELABORATION

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- ♥ “If it’s okay with you, I’d like to ask you a follow-up question to that question about \_\_\_\_\_.”
- ♥ “Why did you choose a \_\_\_\_\_ and not a \_\_\_\_\_?” (the second number should be a lower number than what the client choose in order to not cause the client to feel defeated.)

### NEXT STEP (POSSIBLE FOLLOW-UP QUESTIONS)

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- ♥ These are designed to help further the conversation with the client.
  - “What would need to happen for you to get from a \_\_\_\_\_ to a \_\_\_\_\_?”
  - “How can I help you get from a \_\_\_\_\_ to a \_\_\_\_\_?”

## SUSTAIN TALK VERSUS CHANGE TALK

### SUSTAIN TALK

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♥ Examples of Sustain Talk:

- Desire for status quo (don't want to change).
- Inability to change (Can't change).
- Reasons for sustaining status quo.
- Need for status quo (have to stay).
- Commitment to status quo (not going to change).

### DISCORD

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♥ Discord is about your relationship

- You can't pressure me into changing my behavior.
- You don't understand how hard it is for me.

♥ Sustain Talk is about a person's self-perceived obstacles

- I just don't have the time.

### USUAL RESPONSE TO SUSTAIN TALK AND/OR DISCORD IS REFLECTION

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♥ Change Talk (DARNCAT)

- Desire-(I really want to be healthy)
- Ability-(I've changed things before)
- Reason-(I want to be there for my children)
- Need-(If I don't, I won't get better)
- Commitment-(I will do this)
- Activation-(I'll start by)
- Taking steps-(“I scheduled a time to ....)“

## USUAL RESPONSE TO CHANGE TALK IS AN OPEN-ENDED QUESTION

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### ♥ Change Talk Methods

- Highlight the discrepancy between how things are at present and the possibility of life being better.
- “How would you like things to be?”
- Looking back-helpful when patient has had a period of success in the past
- “When you were exercising regularly, how did you feel about yourself?”

## RESPONDING TO CHANGE TALK

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Open ended questions

Affirm to reinforce it

Reflective listening to clarify and encourage more

Summarize

### ♥ Open Ended Questions

- Allows client freedom of expression.
- Client verbalizes what is important.
- Learn more about the client.
- Sets a positive tone.
- Cannot be answered yes or no or with one or two words.
- Are not rhetorical.
- **Examples of open ended questions**
  - “How would making this change benefit you?”
  - “What would you enjoy most, once you have ....?”
  - “Tell me more about that.”
  - “What would be the best next steps?”
  - “What are the most important resources to make this change?”

### ♥ Affirmations: Affirmations help your patients feel more comfortable, forthcoming and open to feedback. Affirmations can be brief by powerful in building a therapeutic alliance.

- Supportive, appreciate statements that convey respect.
- Acknowledgement and encouragement.
- Affirm a person’s struggles, achievements, values and feelings.
- Emphasize a strength.
- Notice and appreciate a positive action, even a small one.

- **Examples of Affirmations:**

- “I admire your strength and can appreciate how difficult this is for you.”
- “You have worked very hard on your weight loss, great job.”
- “It takes courage to face such difficult problems.”
- “You quit before. That took a lot of strength.”

♥ **Reflective Listening**

- **Reflections** repeat or rephrase what the patient has said.

- Making statements to clarify meaning and to encourage continued exploration of content.
- Communicate that you have listened.
- Serve as check that you correctly understood what the patient said.
- Can be effective, non-confrontational way to reduce resistance.
- Can also expand the meaning of what the patient has said.

- **Examples of Reflective Listening**

- Client: “I just don’t have time to cook healthy meals.”
- Coach: “You’re worried about the time it takes to cook healthy meals and how you are going to fit that into your schedule.”

- **Simple Reflection:** An acknowledgement of the person’s disagreement, feelings or perception.

- Client: “I’m trying the best I can to eat better, but, I’ve already made a lot of other changes like going to the gym and exercising more.”
- Coach: “You are working hard on the changes you need to make.”

- **Amplified Reflection:** Exaggerate to encourage the person to back off a bit and talk about the other side of the argument.

- Client: “My mother is driving me crazy. She is worried about me and always telling me how much I need to lose weight.”
- Coach: “Your weight is really none of your mother’s business.”

- **Double Sided Reflection:** Capture both sides of the client’s stated ambivalence.

- Client: “I really need to lose weight and start eating better, but I just don’t know if I have it in me.”
- Coach: “On one hand, you’re not sure if you can lose the weight and eat healthier, but on the other hand you know that doing both is really important.”

♥ **Summarize:** Summarization brings closure and consensus to what has been discussed and sets the stage for the next steps.

- Gather what you have heard and give it back by highlighting important aspects.
- Summarizing conveys to the client:
  - I am listening carefully to what you tell me.
  - Did I understand you correctly?
  - I value what you say.
  - Here are the salient points.
  - **Examples of Summarizations:**
    - “What you said is important and I want to make sure that I have it right.”
    - “So, what I think you are saying is.... Did I hear that correctly?”

## BEHAVIORS THAT DECREASE THE LIKELIHOOD OF CHANGE

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- ♥ Convince client about “problem.”
- ♥ Argue for benefits of change.
- ♥ Telling the client how to change.
- ♥ Warning about consequences of not changing.

The following pages include different tools and resources to assist with using Motivational Interviewing in the provider’s practice.

## USEFUL SELF-CHECK

- R<sub>esist</sub> the righting reflex.
- U<sub>n</sub>derstand your client's motivation.
- L<sub>isten</sub> to your client.
- E<sub>m</sub>power your client.

# MOTIVATIONAL INTERVIEWING: PREPARING PEOPLE TO CHANGE HEALTH BEHAVIORS

## TIPS SHEET

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- 9. A negotiation approach is always best

### Five General Principles of Motivational Interviewing:

- 1. Express empathy
- 2. Develop discrepancy
- 3. Avoid argumentation
- 4. Roll with resistance
- 5. Support self-efficacy

### Responses that are NOT Reflective Listening:

- 1. Ordering, directing, or commanding
- 2. Warning or threatening
- 3. Giving advice, making suggestions or providing solutions
- 4. Persuading with logic, arguing, or lecturing
- 5. Moralizing, preaching, or telling clients what they should do
- 6. Disagreeing, judging, criticizing, or blaming
- 7. Agreeing, approving, or praising
- 8. Shaming, ridiculing, or labeling
- 9. Interpreting or analyzing
- 10. Reassuring, sympathizing, or consoling
- 11. Questioning or probing
- 12. Withdrawing, distracting, humoring, or changing the subject

### Assumptions to Avoid:

- 1. This person OUGHT to change
- 2. This person WANTS to change
- 3. This person's health is the prime motivating factor for him/her
- 4. If he or she does not decide to change, the consultation has failed
- 5. Individuals are either motivated to change, or they're not
- 6. Now is the right time to consider change
- 7. A tough approach is always best
- 8. I'm the expert he or she must follow my advice

### **Signs of Resistance:**

Arguing	▪ Challenging ▪ Discounting ▪ Hostility
Interrupting	▪ Talking over ▪ Cutting off
Ignoring	▪ Inattention ▪ Non-answer ▪ No response ▪ Sidetracking
Denying	▪ Blaming ▪ Disagreeing ▪ Excusing ▪ Claiming impunity ▪ Minimizing ▪ Pessimism ▪ Reluctance ▪ Unwilling to change

### **Specific MI Strategies:**

1. Ask open-ended questions
2. Listen reflectively
3. Affirm
4. Summarize
5. Elicit self-motivational statements

### **Negotiating a Plan:**

1. Set Specific (short-term) Goals
2. Consider Your Options
  - a. Discuss with the individual the different choices are for approaches to making changes
  - b. Try to match the individual to the optimal behavior change strategy
  - c. Recognize that the person may not choose the “right” strategy
  - d. Prepare the individual for this possibility
3. Establish a Plan
  - a. Goals/Strategies/Tactics
  - b. Summarize the plan with the patient
  - c. Make sure to assess if the person is now ready to commit to the plan

### **Specific MI Tools:**

1. List of Pros and Cons (Benefits/Costs) for and against behavior change
2. Assess Importance and Confidence
3. Looking Back: client reflects on effective strategies used with past successes; have them think back to time in life when things were going well, describe this and what has changed now
4. Looking Forward: have client think about their hopes for the future if they make this change; how would they like things to be different; what are realistic options now; what could you do now; what are the best results you could imagine if you make this change
5. Exploring Goals: assess match between client’s current behavior and future goals; explore how realistic goals are (trying to explore and develop discrepancies between current behavior and client’s goals for the future)

## SAMPLE MOTIVATIONAL INTERVIEWING INTERVENTION

### OPEN THE CONVERSATION

a) Introduce yourself and your role.	-Hello, my name is _____ with the WISEWOMAN program at_____.
b) Confirm the reason for the visit.	-I am calling to discuss what you have been doing since our last visit.
c) Share program information/goals	-Is this a good time for you to discuss your progress on your lifestyle goals?"
d) Ask permission – Establish that the client is in control.	<b>(If asked, the call will take about 10-15 minutes.)</b>

### NEGOTIATE THE AGENDA

a) Offer options. Refer to client assessments and previous goals	<i>"Is there any one area that you would like to focus on today?"</i>
b) Elicit a client choice; ask permission to provide information/advice as appropriate. Present tips in the manual.	<i>"If it is okay with you, let's review the manual, A New Leaf, and see if there is something you would like to work on improving."</i>

### EXPLORE AMBIVALENCE

a) Ask about pros and cons of making a change.	<p><i>"Tell me some of the reasons why you might want to change _____.</i></p> <p><i>-What are some reasons you would want things to stay the same?</i></p> <p><i>-What would need to happen for you to think about change?</i></p>
b) Summarize	<p><i>-From our discussion, it appears you would consider working to develop a plan to _____.</i></p> <p><i>- Is the okay with you?"</i></p>

### ASSESS AND EXPLORE CONVICTION AND CONFIDENCE

a) For both <b>Conviction</b> and <b>Confidence</b> , ask the client to quantify her answer for each.	<p><b>Conviction</b></p> <p><i>"On a scale of 0 to 10, how important is it to you to make this change? _____</i></p> <p><i>-Why did you pick that number?" or "Why didn't you say a _____?"</i></p> <p><b>Confidence</b></p> <p><i>"On a scale of 0 to 10, how confident are you in your ability to make this change? _____</i></p> <p><i>- Why did you pick that number?" or "Why didn't you say a _____?"</i></p>
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b) Explore options for change.	<p>"-What do you think would help you move this number higher? Choose small changes, such as from a two to a four?"</p> <p>"-If you are ready to make some changes, we can start with _____. "</p>
c) Summarize	<p>"-From our discussion, it appears you would consider working to develop a plan to _____. Is this okay with you?"</p>
<b>TAILOR THE INTERVENTION</b>	
a) Enhance Conviction	<ul style="list-style-type: none"> <li>♥ Ask permission to provide new information.</li> <li>♥ Support the patient's autonomy.</li> <li>♥ Assist the client to: <ul style="list-style-type: none"> <li>☼ Identify discrepancies between goals and actions.</li> <li>☼ Clarify a values hierarchy.</li> <li>☼ Make a conscious, deliberate choice to make the change.</li> <li>☼ Identify possible rewards.</li> </ul> </li> </ul> <p>"-Would you be interested in hearing more about _____?"</p> <p>"-Although I would recommend that you _____ (stop smoking), I understand that you do not choose to work at _____ at this time. Is there some other area you would like to focus on at this time?"</p> <p>"-How, if at all, does your _____ impact your family or your job? (Or, your ability to achieve your goals?)" (Example: Compare the importance of continuing current behavior to living a long life in good health.)</p>
b) Enhance Confidence	<ul style="list-style-type: none"> <li>♥ Assist client to: <ul style="list-style-type: none"> <li>☼ Identify barriers and possible solutions.</li> <li>☼ Identify/obtain resources to assist.</li> <li>☼ Define steps that are likely to lead to success.</li> <li>☼ Recall times in the past when she has been successful in making changes.</li> <li>☼ Focus on progress and accept slip-ups as learning experiences rather than failure.</li> <li>☼ Move away from either/or frame of mind.</li> </ul> </li> </ul> <p>"-What barriers might you encounter?"</p> <p>"-How might you do it?"</p> <p>"-Has there been a time that you have made a difficult change before?"</p> <p>"-How did you do it?"</p>
c) Negotiate a Plan	<ul style="list-style-type: none"> <li>♥ Assist client in establishing a goal or goals.</li> </ul> <p>"-What are your ideas for _____?"</p> <p>"-How can I help?"</p> <p>"-What change(s), if any, do you feel you can make this next month?"</p>

d) Advise.	<p>♥ Give advice only if the client asks, you ask permission or you are professionally bound.</p>	<p>"-Would it be okay if I shared with you some examples of how others have been successful at _____?"</p>
e) Encourage		<p>"I feel very good about your plans to _____."</p>
f) Summarize		<p>"-Let me see if I understand what you have told me so far."            "-This is what I've heard you are willing to work on."            "-What have I missed?"            "-Anything you want to correct or add?"</p>
<b>CLOSE THE CONVERSATION</b>		
a) Express appreciation.		<p>"-Thank you for your willingness to talk with me about _____"</p>
b) Affirm positive behaviors.		<p>"-I am confident that you will be successful at _____ if you decide to commit to working on this."</p>
c) Respectfully acknowledge decisions.		
d) Express confidence.		<p>"-I am confident that your _____ (enthusiasm, determination and success with other lifestyle changes . . . ) will be of great value as you begin to work on your plan."</p>



## Willingness-to-Change Ruler Description

The Willingness-to-Change ruler is used to:

- Assess a client's willingness/readiness to change
- Determine where they are on the continuum between "Not at all", "Somewhat" or "Very" willing to change
- Promote identification and discussion of perceived barriers to change
- Do a quick assessment of client's current motivational state relative to changing a specific behavior-clients may be at varying stages of readiness to change for different behaviors
- Serve as a basis for the motivation-based interventions that elicit change behavior

### Administering to Client:

1. Have client designate specific behavior to be assessed on Willingness-to-Change ruler form.
2. Ask client to mark on the ruler from 0-10 their current position in the change process. A "0" indicates "not at all ready to change", where a "10" indicates the client is "very willing" to make a change.
3. Ask client why she did/did not place mark further to the left (elicits motivational statements).
4. Ask client why she did/did not place mark further to the right (elicits perceived barriers).
5. Ask client for suggestions on how to overcome identified barriers and what actions that could be taken to overcome those barriers.

A score above "5" shows that the client is willing to consider making a change-they should be supported and encouraged.

### Suggestions for Follow-Up Questions

#### If client's mark is left of center:

- How will you know when it is time to think about changing?
- What signals will tell you to think about making a change?
- What qualities in yourself are important to you?
- What connection is there between those qualities and not considering a change?

#### If client's mark is near the center:

- Why did you put the mark there and not closer to the left?
- What might make you put a mark a little further to the right?
- What are the good things about the way you are currently trying to change?
- What are the things that are not as good?
- What would be a good result of changing?
- What are the barriers to changing?

**If the client's mark is on the right of center:**

- What is one barrier to change?
- What are some things that could help you overcome this barrier?
- Pick one of those things that could help and decide to do it by \_\_\_\_\_ (specific date)

**If the client has taken a serious step in making a change:**

- What made you decide on that particular step?
- What has worked for you in taking this step?
- What helped it work?
- What could help it work even better?
- What else would help?
- Can you break that helpful step down into smaller parts?
- Pick one of those parts and decide to do it by \_\_\_\_\_ (specific date)

**If the client is changing and is trying to maintain the change:**

- Congratulations! What is helping you?
- What else would help?
- What makes it hard to maintain the change?

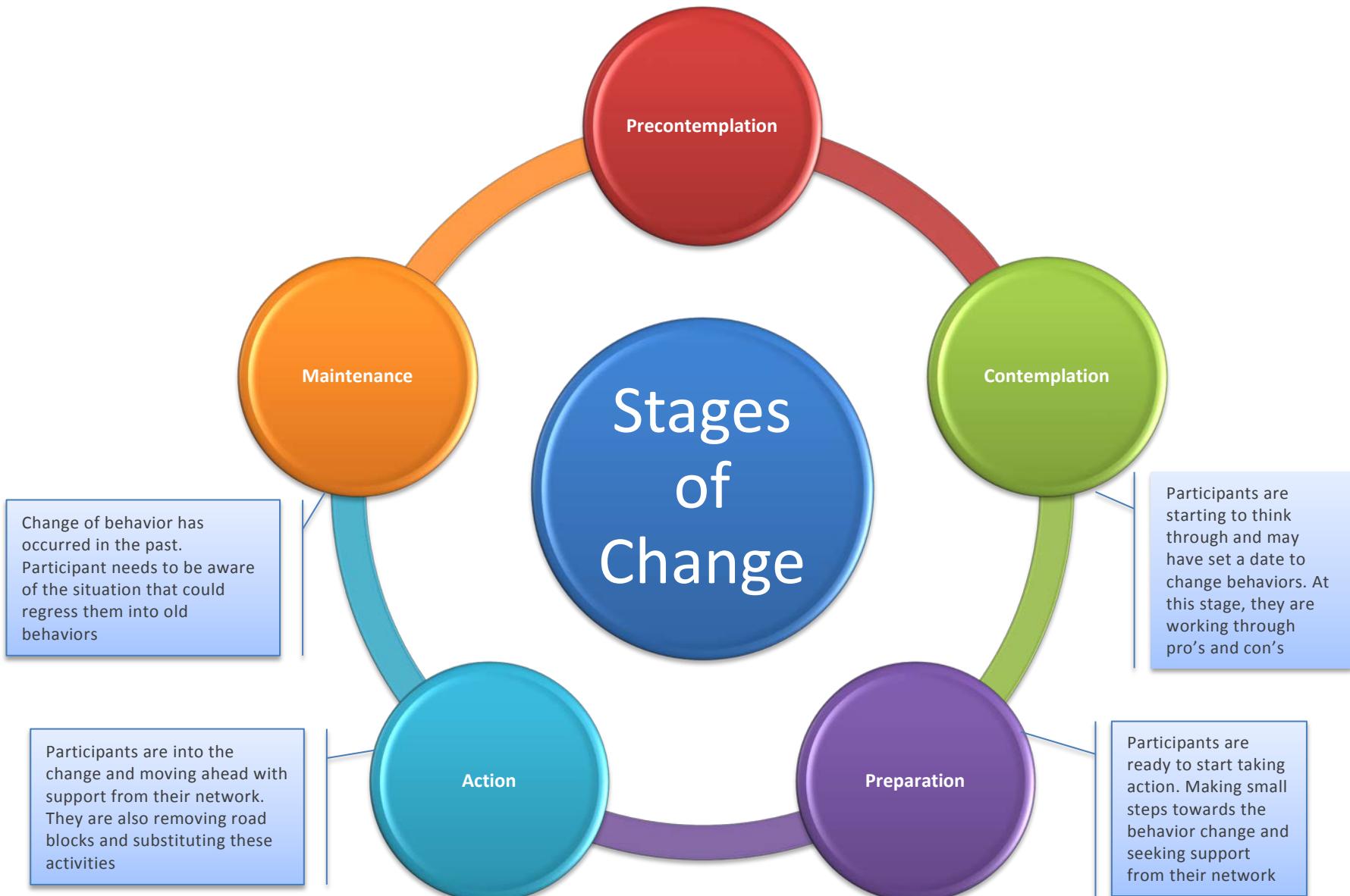
**If the client has relapsed:**

- Don't be hard on yourself. Change is hard and it may take time.
- What worked for a while?
- What did you learn that will help when you give it another try?

Source: Zimmerman et al., 2000.

# WISEWOMAN Willingness-to-Change Ruler

On a scale of 0 to 10, with 10 being very willing, how willing (interested/motivated) are you to



## WISEWOMAN PERFORMANCE INDICATORS

The CDC evaluates the WISEWOMAN program's ability to meet established core program performance indicators. Performance indicators are evaluated from the Minimum Data Elements (MDEs) submitted by DHSS every October and April. MDEs are standardized data elements that provide consistent information on patient demographics, screening results, education, diagnostic procedures and treatment information. MDEs are collected on women screened and/or diagnosed with program funds. Obtain MDE data from the history, assessment, screening and diagnostic reports entered into the MOHSAIC system.

## WISEWOMAN CORE PROGRAM PERFORMANCE MEASURES

- ♥ Program has met or exceeded **95%** of its CDC approved screening goals. Screening goals include baseline and rescreening.
- ♥ Program delivers risk reduction counseling to **100%** of women screened. Risk reduction counseling includes appropriate referral to health coaching, community resources or lifestyle programs.
- ♥ Program follows-up with **100%** of women with abnormal blood pressure values. Follow-up parameters should be determined by WISEWOMAN guidelines and facility medical protocol.
- ♥ Program ensures that **80%** of women referred to a lifestyle program or health coaching participate in the program. Participation is defined as attendance at a minimum of one lifestyle program or coaching session.
- ♥ Program ensures that **60%** of women who participate in a lifestyle program or health coaching complete the program. Completion is defined as the number of sessions that the evidence base for the program has determined to be required for behavior change.

## WISEWOMAN QUALITY ASSURANCE

The goal of the Quality Assurance (QA) program component is to assure that appropriate services are provided to each client and that program funds are utilized as required by program protocols. QA activities ensure high-quality medical standards of care are provided to women receiving SMHW and WISEWOMAN screenings, diagnostic and education services as well as referrals for treatment when appropriate.

DHSS monitors and evaluates the quality and appropriateness of client care using the following QA activities:

- ♥ Incorporating data edits in the MOHSAC electronic reporting system that limit the reporting of inappropriate and inaccurate client service records.
- ♥ Reviewing electronically submitted client service reports for compliance to standards of care prior to approval for reimbursement.
- ♥ Tracking alert values (abnormal testing results) to assure clients' receive appropriate diagnostic services and access to treatment, if needed.
- ♥ Performing initial on-site QA audits at each new SMHW/WISEWOMAN provider six months after first client is served and every two years thereafter. Scheduled QA audits occur at any time deemed necessary by DHSS staff because of questionable reports. If the provider is a current SMHW provider and becomes a WISEWOMAN provider, six (6) months after initiating WISEWOMAN Services, the provider will receive an education visit from the WISEWOMAN staff.
- ♥ Providing training and technical assistance to providers to improve quality of care based on results of QA audits.
- ♥ Evaluating client and provider expectations using customer satisfaction surveys.

### QUALITY ASSURANCE FOLLOW-UP

At the time of the provider's on-site review, technical assistance is provided by the RPC or WISEWOMAN Education Coordinator to clarify or demonstrate any points of confusion. The on-site review is followed by a post-review letter describing any areas needing improvement. Follow-up may be conducted to review success in instituting the recommended improvements. If the RPC determines a provider has consistently not met the program clinical standards, the provider is asked to complete a corrective action plan. Typically, the RPC conducts another review in six months to ensure implementation of the corrective plan and the provider is working to resolve the problem.

## QUALITY ASSURANCE (QA) PROVIDER EXPECTATIONS

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QA audits will monitor providers' compliance with the following expectations:

♥ Client Rights

- Privacy
- Confidentiality
- Access to test results
- Follow-up of medical problems through referrals, diagnosis and treatment
- Client will not be held financially responsible if identified as a SMHW client
- Access to an interpreter
- Treatment per Civil Rights Act
- Treatment per Americans with Disabilities Act

♥ Intake and Eligibility Guidelines

- Staff knowledge of SMHW/WISEWOMAN eligibility guidelines
- Procedure to screen and identify clients
- Annual review of clients for continued eligibility

♥ Screening and Diagnostic Protocols

- Provide WISEWOMAN screenings that include two correct blood pressures, total cholesterol and HDL-C or lipid panel, blood glucose or A1C, and BMI
- Standards and protocols for follow-up
- Procedure to track clients with abnormal results, including:
  - Name of client
  - Test
  - Date test completed or missed appointments rescheduled
  - Results and that client is notified of results
  - Referrals including tracking that appointments were kept or rescheduled
  - Follow-up visit dates, if needed
  - Treatment
  - Disposition of client status regarding follow up, refusals of treatment or diagnostic testing recommended. Report to the WISEWOMAN Education Coordinator with missed appointments, lost to follow-up or refusals, in a timely manner.

♥ Clinic Management

- Staff is trained and familiar with provider guidelines
- Policy and procedures are in place for billing and filing forms
- Procedure to track amount of program funds is in place
- Maintain professionally licensed or certified staff to perform program activities
- Notify DHSS of staffing changes promptly regarding need for providing or rescinding clinic staff MOHSAIC access
- Track clients who receive screening and diagnostic results
- Track if follow-up diagnostic tests, appointments or treatment visits are attended by the client. If missed appointments or refusals of follow-up recommendations occur, make attempts to contact the client to reschedule and let the WISEWOMAN Education Coordinator know about situations regarding missed or refused follow up
- Programs are available for public education
- The facility is clean with appropriate space for screening
- There is an in-house plan for quality checks at regular intervals

Please see the SMHW Quality Assurance Section for the most current Quality Assurance Form for audits.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL  
SHOW ME HEALTHY WOMEN (SMHW)  
**PROVIDER APPLICATION FY 2016-2017**  
WEB ADDRESS: [www.health.mo.gov/showmehappywomen](http://www.health.mo.gov/showmehappywomen)

SITE CODE	COUNTY
NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)	

**THIS SECTION IS FOR OFFICE USE ONLY**

ERS#	OFABS#	FFATA/TRACKING#
DUNS#	VENDOR#	ORIGINAL START DATE
REGIONAL PROGRAM COORDINATOR	LPHA <input type="checkbox"/> CLINIC <input type="checkbox"/> CHC <input type="checkbox"/> HOSPITAL <input type="checkbox"/> FQHC <input type="checkbox"/>	SECOND START DATE

**PROVIDER INFORMATION**

PROVIDER NAME	ADDRESS	CITY	STATE
ZIP CODE + 4 DIGITS	PUBLIC TELEPHONE FOR APPOINTMENTS	ALTERNATE TELEPHONE NUMBER	FAX NUMBER
DAYS OF OPERATION		HOURS OF OPERATION	
FEDERAL TAX ID NUMBER / SOCIAL SECURITY NO.	MEDICAID PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY CLIENTS DO YOU ESTIMATE THAT YOU WILL SEE ANNUALLY?
CYTOLOGY LAB NAME AND ADDRESS (LAB THAT READS PAP TEST)		CITY	STATE ZIP CODE
MAMMOGRAPHY FACILITIES <input type="checkbox"/> Yes (If yes, how many? _____) <input type="checkbox"/> No		SATELLITE SITES <input type="checkbox"/> Yes (If yes, how many? _____) <input type="checkbox"/> No	

**SHOW ME HEALTHY WOMEN CONTACT INFORMATION**

SMHW ADMINISTRATIVE CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
SMHW CLINICAL CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
SMHW BILLING CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
SMHW BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE ZIP CODE

**WISEWOMAN CONTACT INFORMATION (IF APPLICABLE)**

WISEWOMAN ADMINISTRATIVE CONTACT NAME	E-MAIL ADDRESS	TELEPHONE
WISEWOMAN CLINICAL CONTACT NAME	E-MAIL ADDRESS	TELEPHONE
WISEWOMAN LIFESTYLE EDUCATION (LSI) CONTACT NAME	E-MAIL ADDRESS	TELEPHONE
WISEWOMAN BILLING CONTACT NAME	E-MAIL ADDRESS	TELEPHONE

WISEWOMAN BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
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<b>MAMMOGRAPHY FACILITIES (IF APPLICABLE)</b>				
1. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
2. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
3. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
4. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
5. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
6. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
7. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
8. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
<b>SATELLITE SITES (IF APPLICABLE)</b>				
1. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
2. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
3. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
4. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
5. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
6. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE

SATELLITE SITE DAYS AND HOURS OF OPERATION	SATELLITE SITE CONTACT PERSON	TELEPHONE

## SATELLITE SITES (CONTINUED)

SATELLITE SITES (CONTINUED)				
7. SATELLITE SITE NAME	SATELLITE SITE ADDRESS		CITY	STATE ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
8. SATELLITE SITE NAME	SATELLITE SITE ADDRESS		CITY	STATE ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
9. SATELLITE SITE NAME	SATELLITE SITE ADDRESS		CITY	STATE ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
10. SATELLITE SITE NAME	SATELLITE SITE ADDRESS		CITY	STATE ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE

## **CLINICAL EXAMINERS**

## **CLINICAL EXAMINERS (CONTINUED)**

Name: \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_\_  
mm dd yyyy (Optional)  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Missouri Department of Health and Senior Services invite you to take part in the Show Me Healthy Women (SMHW) and WISEWOMAN programs. If you qualify and agree, you will receive your breast and cervical cancer examinations and assessments for heart disease and stroke free. WISEWOMAN also provides education resources for improving lifestyle habits to help you lower your risk for heart disease.

If your test results are not normal, this clinic will work with SMHW and/or the Department of Social Services to help you obtain additional tests and, if needed, treatment for cancer. WISEWOMAN does not pay for treatments for heart disease risk factors such as high blood pressure, but the clinic will assist you in obtaining follow-up medical care if needed.

#### **Income/Insurance Information (Please check all that apply.)**

Are you receiving:      Unemployment insurance       WIC       TANF       Food stamps   
Medicare Part A  and/or Part B       MO HealthNet (Medicaid)   
Have you applied for MO HealthNet (Medicaid)? Yes       No

Do you have health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your insurance have a deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you pay the deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your health insurance an HMO?	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### **CLIENT AGREEMENT**

I have not supplied documentation of household income. I declare my household income is within SMHW/WISEWOMAN present income guidelines. \_\_\_\_\_ (**If applicable, please initial**)

I have received the income guidelines and I qualify for SMHW / WISEWOMAN.

A staff person has informed me which tests the SMHW / WISEWOMAN programs cover and possible side effects of the tests.

I understand that the SMHW / WISEWOMAN services will be available to me at no cost.

I understand that my health is my responsibility. I am responsible for keeping my appointments.

I understand that persons associated with SMHW / WISEWOMAN may contact me in receiving medically recommended services.

I need to contact this clinic for my test results.

I understand that no test is 100% accurate.

I agree to participate in both the screening tests and the WISEWOMAN lifestyle education sessions.

I understand that I will be contacted to return in 1 year to see if my health status related to these services has changed.

I have read or had the above read to me. I agree that all the information above is correct.

**As a client receiving services funded by Show Me Healthy Women / WISEWOMAN, your protected health care information will be shared with appropriate staff at the Department of Health and Senior Services and other agencies as required by the federal funding source. I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any subsequent revisions to this Notice. If this document is signed by the guardian or Durable Power of Attorney for Health Care (DPOA-HC), attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Client/Guardian  
Durable Power of Attorney for Health Care (DPOA-HC)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## Show Me Healthy Women – WISEWOMAN Eligibility Agreement Form, Spanish version

Nombre \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Seguro Social. # \_\_\_\_\_  
mes dia año (opcional)

Dirección \_\_\_\_\_ Calle \_\_\_\_\_ Cuidad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

El Departamento de Salud y de Servicios para Personas de Edad Avanzada de Missouri le invita a ser parte del programa Mujeres Saludables de Missouri/ Mujeres Inteligentes. Si usted califica, recibirá exámenes del seno y cervical, y una evaluación de enfermedades del corazón y la probabilidad de tener una ataque, gratuitos. El Programa de Mujeres Inteligentes también provee educación y recursos para mejorar sus hábitos alimenticios, tener una vida saludable y disminuir los riesgos de tener un ataque al corazón.

Si los resultados fueran anormales, trabajaremos con el Departamento de Servicio Social para obtener exámenes adicionales, incluyendo el tratamiento si es necesario. El programa de Mujeres Inteligentes, no paga por el tratamiento de enfermedades del corazón como alta presión, pero la clínica lo asistirá para obtener cuidado médico secundario si es necesario.

### INFORMACIÓN DE INGRESOS Y ASEGURANZA DE SALUD (seguros) (*Por favor indique toda lo que aplica.*)

Esta usted recibiendo: Seguro de desempleo      Medicaid      TANF (Ayuda Estatal)  
WIC      Medicare Parte A o Parte B  
¿Ha aplicado para recibir Medicaid?      Si-No

¿Tiene usted Seguro de Salud?	Si	No
¿Tiene usted un deducible en su seguro?	Si	No
¿Puede usted pagar el deducible?	Si	No
¿Tiene usted el Seguros llamado HMO?	Si	No

### Acuerdo del Cliente

No he presentado documentación sobre mis ingresos. Declaro que mis ingresos no sobrepasan los límites salariales de la guía del programa Mujeres Saludables de Missouri / Mujeres Inteligentes. \_\_\_\_\_ (su inicial)

He recibido los requisitos del programa Mujeres Saludables de Missouri / Mujeres Inteligentes y califico para estos proyectos.

Personal del proyecto me ha informado cuáles exámenes paga el programa de Mujeres Saludables de Missouri y de Mujeres Inteligentes, y también el posible riesgo de efectos secundarios de estos exámenes.

Entiendo que los servicios disponibles a través del programa Mujeres Saludables de Missouri/ Mujeres Inteligentes son gratuitos.

Entiendo que es mi responsabilidad cuidar mi salud. Soy responsable de cumplir y mantener las citas médicas.

Entiendo que personas asociados con el programa Mujeres Saludables de Missouri, y Mujeres Inteligentes me pueden poner en contacto para recibir servicios médicos y consejos.

Entiendo que necesito contactarme con la clínica para saber los resultados de mis exámenes.

Entiendo que ningún examen es 100% exacto.

Estoy de acuerdo en participar en los dos exámenes y las sesiones educativas para mejorar mi estilo de vida que ofrece Mujeres Inteligentes.

Se que en un año me llamaran para regresar para una prueba, para detectar si mi cambio de vida saludable, ha cambiado mi salud.

Confirmo que he leído o se me ha leído la información anterior.

Confirmo que toda información antes mencionada es correcta.

Como cliente que esta recibiendo servicios financiados por el programa Muéstreme Mujeres Saludables/Mujeres Inteligentes, la información protegida del cuidado médico será compartida con el personal apropiado en el Departamento de Salud y de Servicios para Personas de Edad Avanzada y de otras agencias según los requisitos de la fuente del financiamiento federal. Yo reconozco que me han dado una copia de las Políticas de Privacidad del Departamento de Salud y Servicios para Personas de Edad Avanzada de Missouri y que me han dicho a dónde puedo obtener revisiones subsiguientes a este aviso. Si este documento es firmado por el Tutor (Custodio) del poder duradero para atención médica, por favor adjunte una copia de las cartas de nombramiento del Tutor o una copia del Poder Duradero (Poder Notarial).

Firma del Cliente/Tutor/

Poder Duradero para atención médica (DPOA-HC)

/ / /

Fecha



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL  
SHOW ME HEALTHY MISSOURIANS/SHOW ME HEALTHY WOMEN  
**PATIENT HISTORY**  
(TO BE COMPLETED BY CLIENT AND REVIEWED ANNUALLY)

P. O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)		DATE OF VISIT (MM/DD/YYYY)	
<b>A. PERSONAL HISTORY</b>			
NAME (LAST, FIRST, MIDDLE INITIAL)		MAIDEN NAME	
E-MAIL ADDRESS		HOME PHONE NO. (   )	WORK PHONE NO. (   )
STREET ADDRESS		CITY/STATE	ZIP CODE
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER (OPTIONAL)	WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
NUMBER OF HOUSEHOLD MEMBERS		INSURANCE COVERAGE: <input type="checkbox"/> None <input type="checkbox"/> Mo HealthNet <input type="checkbox"/> Medicare <input type="checkbox"/> Private	
Race: (must be answered, choose all that apply) <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) Asian <input type="checkbox"/> (4) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (5) American Indian or Alaskan Native <input type="checkbox"/> (6) Other _____ <input type="checkbox"/> (7) Unknown (please avoid using)		Ethnicity: (must be answered.) Are you of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No  Highest grade of school completed (circle one) (U. S. equivalent if educated in another nation) 1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16	
How did you hear about the Show Me Healthy Women program? (please choose only one)		What type of transportation did you use to get to your clinic appointment? (please choose only one)  <input type="checkbox"/> (1) Bus <input type="checkbox"/> (2) ACT Van <input type="checkbox"/> (3) OATS Bus <input type="checkbox"/> (4) Taxi <input type="checkbox"/> (5) Personal Vehicle <input type="checkbox"/> (6) Relative/Friend <input type="checkbox"/> (7) SMITS <input type="checkbox"/> (8) Other _____	
Date of last Pap Test <u>          /             /      YYYY</u>		Date of Last mammogram <u>          /             /      YYYY</u>	
Do you now smoke cigarettes? <input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know			
Name and telephone numbers of two people who can always reach you:			
NAME		HOME PHONE WITH AREA CODE (   ) _____	WORK PHONE (   ) _____
NAME		HOME PHONE WITH AREA CODE (   ) _____	WORK PHONE (   ) _____



DEPARTAMENTO DE SALUD DE MISSOURI Y SERVICIOS PARA MAYORES DE EDAD  
UNIDAD DE CONTROL DE CÁNCER Y DE ENFERMEDADES CRÓNICAS  
DEL PROGRAMA MUJERES SALUDABLES DE MISSOURI

**HISTORIA CLÍNICA DA LA PACIENTE**

(COMPLETADA POR EL CLIENTE Y REVISADA ANUALMENTE)

P. O. Box 570  
Jefferson City, MO 65102-0570  
(573) 522-2845

SITIO DE INSCRIPCIÓN/CÍNICA SATÉLITE (SI HAY) ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)		FECHA DE VISITA (MES/DÍA/AÑO)	
<b>A. HISTORIA PERSONAL</b>			
NOMBRE (APELLIDO, NOMBRE, INICIALES /INTERMEDIAS)		APELLIDO DE SOLTERA	
E-MAIL  (   )		TELÉFONO DE CASA  (   )	TELÉFONO DE SU TRABAJO  (   )
DIRECCIÓN		CIUDAD	CÓDIGO POSTAL
FECHA DE NACIMIENTO (MES/DÍA/AÑO)	NUMERO DE LA SEGURO SOCIAL (OPCIONAL)	¿CUÁL ES EL IDIOMA PRINCIPAL QUE SE HABLA EN SU CASA?  <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro _____	
NUMERO DE PERSONAS QUE VIVEN EN SU HOGAR	QUE CLASE DE SEGURO TIENE:  <input type="checkbox"/> Ninguno <input type="checkbox"/> Medicaid <input type="checkbox"/> Mo HealtNet <input type="checkbox"/> Privado	MEDICAID DCN/NUMERO DE MEDICARE	
Raza: <i>(Deben contestarse, escoja todos las que le conciernen)</i>  <input type="checkbox"/> (1) Blanco <input type="checkbox"/> (2) Negro o Afro-Americanos <input type="checkbox"/> (3) Asiático <input type="checkbox"/> (4) Nativo de Hawaii o de otro isla del Pacífico <input type="checkbox"/> (5) Indio Americano o Nativo de Alaska <input type="checkbox"/> (6) Otros _____ <input type="checkbox"/> (7) Desconocido		Pertenencia Étnica <i>(Las preguntas deben ser contestadas)</i>  ¿Tiene ud orígenes Hispanos <input type="checkbox"/> Si <input type="checkbox"/> No	
		Último año escolar que completó <i>(marque con un círculo uno)</i> <i>(Equivalente estadounidense, si es de otra nación):</i>  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
¿Cómo supo usted acerca de este proyecto <i>(En inglés, el Muestreo Mujeres Saludables)?</i>		¿Qué tipo de transporte utiliza para acudir a su cita clínica?	
<input type="checkbox"/> (1) Médico <input type="checkbox"/> (2) Clínica <input type="checkbox"/> (3) Televisión <input type="checkbox"/> (4) Radio <input type="checkbox"/> (5) Anuncio en diario <input type="checkbox"/> (6) Anuncio en carretera <input type="checkbox"/> (7) Anuncio en autobús		<input type="checkbox"/> (8) Enfermera o otra persona clínica <input type="checkbox"/> (9) Feria de Salud <input type="checkbox"/> (10) Coalición de Salud <input type="checkbox"/> (11) Promotora de Salud <input type="checkbox"/> (12) Pariente/Amigo <input type="checkbox"/> (13) Otras fuentes (especificar) _____	
Fecha del examen de Papanicolaou pasado: _____		Fecha de la última mamografía: _____	
Actualmente, ¿fuma cigarillos?		<input type="checkbox"/> A diaro <input type="checkbox"/> Algunos días <input type="checkbox"/> Nada <input type="checkbox"/> No sabe	
Nombre y teléfono de dos personas que siempre puedan localizarse:			
Nombre _____		Teléfono de la Casa (incluya el código de área)  (   )	
Nombre _____		Teléfono de la Casa (incluya el código de área)  (   )	
		Teléfono del Trabajo (incluya el código de área)	
		Teléfono del Trabajo (incluya el código de área)	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control  
**WISEWOMAN Assessment Form**



LAST NAME:	FIRST NAME	MIDDLE INITIAL	DOB (MM/DD/YYYY)	DATE OF VISIT (MM/DD/YYYY)
<b>A. Health History (Check <input type="checkbox"/> as appropriate)</b>				
1. Do you have high cholesterol?				
<i>If you answered No, skip to question 2.</i>				
a. Do you take medication to lower your cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
b. During the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol? _____ Number of Days <input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure				
2. Do you have hypertension (high blood pressure)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
<i>If you answered No, skip to question 3.</i>				
a. Do you take medication to lower your blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
b. During the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? _____ Number of Days <input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure				
c. Do you measure your blood pressure at home or using other calibrated sources or other places in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <i>If no, check reason:</i> <input type="checkbox"/> I was never told to measure my blood pressure <input type="checkbox"/> I don't know how to measure my blood pressure <input type="checkbox"/> I don't have equipment to measure my blood pressure				
<i>If yes:</i> i. How often do you measure your blood pressure at home or use other calibrated sources or other places in the community? <input type="checkbox"/> Multiple Times Per Day <input type="checkbox"/> Daily <input type="checkbox"/> A Few Times Per Week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Don't Measure) <input type="checkbox"/> Don't Know/Not Sure				
ii. Do you regularly share blood pressure readings with your health care provider for feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
3. Do you have diabetes (Either Type 1 or Type 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <i>If you answered No, skip to question 4.</i>				
a. Do you take medication to lower your blood sugar (for diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
b. During the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)? _____ Number of Days <input type="checkbox"/> None <input type="checkbox"/> None, because I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure				
4. Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attach (TIA), vascular disease, or congenital heart defects? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				

**B. Health History (Check  as appropriate)**

1. How much fruit do you eat in an average day?	____ Number of Cups	<input type="checkbox"/> None
2. How many vegetables do you eat in an average day?	____ Number of Cups	<input type="checkbox"/> None
3. Do you eat two (2) servings or more of fish weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you eat three (3) ounces or more of whole grains daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you currently watching or reducing your sodium or salt intake?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Physical Activity		
a. How much moderate physical activity do you get in a week?	____ Number of Minutes	<input type="checkbox"/> None
b. How much vigorous physical activity do you get in a week?	____ Number of Minutes	<input type="checkbox"/> None
8. Tobacco Products		
a. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)	<input type="checkbox"/> Current Smoker <input type="checkbox"/> Quit (> 12 months ago)	<input type="checkbox"/> Quit (1-12 months ago) <input type="checkbox"/> Never Smoked
b. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?	____ Number of Hours	<input type="checkbox"/> None
9. Overall Wellness		
a. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?	____ Number of Days	<input type="checkbox"/> Don't Know/Not Sure
b. Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?	____ Number of Days	<input type="checkbox"/> Don't Know/Not Sure
c. During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?	____ Number of Days	<input type="checkbox"/> Don't Know/Not Sure

**C. Readiness to Change Health Habits (Check  as appropriate)**

Check the one box by each of the following three statements that best describes your behavior today.	I have little or no intention to change my behavior in the foreseeable future.	I am thinking about make a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.
1. Eat more fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quit smoking/utilizing tobacco.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (or never smoked)
3. Increase physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## WISEWOMAN Assessment Form



NOMBRE: APELLIDO	PRIMER NOMBRE	INICIAL	FECH NAC (MM/DD/AAAA)	FECHA DE LA VISITA
<b>A. Historial de Salud (Marque <input checked="" type="checkbox"/> lo apropiado)</b>				
1. ¿Tiene colesterol alto? <i>Si contestó No, pase a la pregunta 2</i>				
a. ¿Toma medicamentos para bajar su colesterol?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro		
b. Durante los últimos siete (7) días, incluyendo el día de hoy, ¿cuánto días tomó un medicamento recetado para bajar su colesterol?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro _____ Número de días <input type="checkbox"/> Ninguno. No pude obtener medicamentos <input type="checkbox"/> No sé/No estoy seguro		
2. ¿Tiene hipertensión (presión arterial alta)? <i>Si contestó No, pase a la pregunta 3.</i>				
a. ¿Toma medicamentos para bajar su presión arterial?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro		
b. Durante los últimos siete (7) días, ¿cuántos días medicamento recetado (incluyendo diuréticos/pastillas) para bajar su presión arterial?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro _____ Número de días <input type="checkbox"/> Ninguno. No pude obtener medicamentos <input type="checkbox"/> No sé/No estoy seguro		
c. ¿Se mide la presión arterial en el hogar o usa otros recursos calibrados? <b>Si No</b> , marque una razón:		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro <input type="checkbox"/> Nunca me dijeron que me midiera mi presión arterial <input type="checkbox"/> No sé como medir mi presión arterial <input type="checkbox"/> No tengo el equipo para medir la presión arterial		
<b>En caso afirmativo:</b>				
i. ¿Con qué frecuencia se mide la presión arterial en casa o usa otros recursos calibrados?		<input type="checkbox"/> Varias veces al día <input type="checkbox"/> Dariamente <input type="checkbox"/> Par de veces a la semana <input type="checkbox"/> Semanalmente <input type="checkbox"/> Mensualmente <input type="checkbox"/> Otro (No la mido) <input type="checkbox"/> Par de veces a la semana		
ii. ¿Comparte usted regularmente lecturas de la presión arterial con un proveedor de atención médica para retroalimentación?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro		
3. ¿Tiene diabetes? (ya sea de Tipo 1 o Tipo 2) <i>Si contestó No, pase a la pregunta 4</i>				
a. ¿Toma medicamentos para bajar el azúcar en la sangre (para diabetes)?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro		
b. Durante los últimos 7 días, ¿cuántos días tomó la medicación prescrita para reducir el azúcar en la sangre (para diabetes)?		<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro _____ Número de días <input type="checkbox"/> Ninguno <input type="checkbox"/> Ninguno, porque no pude obtener medicamentos <input type="checkbox"/> No sé/No estoy seguro		
4. ¿Ha sido diagnosticado por un profesional de la salud con cualquiera de estas enfermedades: enfermedad cardíaca coronaria/dolor de pecho, ataque cardíaco, insuficiencia cardíaca, derrame cerebral/ataque isquémico transitorio (TIA), enfermedad vascular, o defectos congénitos de corazón?				
<input type="checkbox"/> Si <input type="checkbox"/> No <input type="checkbox"/> No sé/No estoy seguro				

**B. Hábitos de Salud (Marque  lo apropiado)**

1. ¿Cuánta fruta come en un día normal?	____ Número de tazas	<input type="checkbox"/> Ninguna
2. ¿Cuántas verduras come en un día normal?	____ Número de tazas	<input type="checkbox"/> Ninguna
3. ¿Usted come dos (2) o más porciones de pescado por semana?	<input type="checkbox"/> Si <input type="checkbox"/> No	
4. ¿Usted come tres (3) o más onzas de granos enteros al día?	<input type="checkbox"/> Si <input type="checkbox"/> No	
5. ¿Usted toma menos de 36 onzas (450 calorías) de bebidas con azúcares agregados cada semana?	<input type="checkbox"/> Si <input type="checkbox"/> No	
6. ¿Está usted controlando o reduciendo el consumo de sal de sodio?	<input type="checkbox"/> Si <input type="checkbox"/> No	
7a. ¿Cuánta actividad física moderada hace a la semana?	____ Número de minutos	<input type="checkbox"/> Ninguna
7b. ¿Cuánta actividad física vigorosa hace a la semana?	____ Número de minutos	<input type="checkbox"/> Ninguna
8a. ¿Usted fuma? Incluye cigarrillos, pipas, o puros (Tabaco fumado de cualquier forma)	<input type="checkbox"/> Fumador Actual <input type="checkbox"/> Dejarlo (hace 1-12 meses) <input type="checkbox"/> Dejarlo (hace más de 12 meses) <input type="checkbox"/> Nunca he fumado	
8b. Aproximadamente, ¿cuántas horas al día en promedio está en la misma habitación o en un vehículo con una persona que fuma	____ Número de horas	<input type="checkbox"/> Ninguna
9a. Pensando en su salud física, lo cuál incluye enfermedades físicas y lesiones, ¿cuántos días durante los últimos 30 días su salud física no fué buena?	____ Número de días	<input type="checkbox"/> No sé/No estoy seguro
9b. Pensando en su salud mental, que incluye estrés, depresión, y problemas emocionales, ¿cuántos días durante los últimos 30 días su salud mental no fué buena?	____ Número de días	<input type="checkbox"/> No sé/No estoy seguro
9c. Durante los últimos 30 días, ¿en cuántos días sintió que los problemas de salud mental o físicos le impidieron realizar sus habituales actividades, como el cuidado personal, trabajo o recreación?	____ Número de días	<input type="checkbox"/> No sé/No estoy seguro

**C. Disposición a Cambiar Hábitos de Salud (Marque  las casillas apropiadas)**

Maque la casilla por cada una de las siguientes tres afirmaciones que mejor describa su comportamiento de hoy.	Tengo poca o ninguna intención de cambiar mi comportamiento en un futuro previsible.	Estoy pensando en hacer un cambio en mi comportamiento.	Estoy listo para planificar cómo voy a hacer un cambio en mi comportamiento.	Estoy en el proceso de tratar de hacer un cambio en mi comportamiento.	Estoy tratando de mantener un cambio que he hecho en mi comportamiento.
1. Comer más frutas y vegetales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dejar de Fumar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (o nunca he fumado)
3. Incrementar la actividad física.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control  
**WISEWOMAN SCREENING FORM**



Initial Risk Reduction Counseling with SMHW     Annual Risk Reduction Counseling with SMHW     Initial Screening, Non-integrated  
 Annual Screening, Non-integrated     Reporting Only

PROVIDER NAME				DATE	
NAME: LAST		FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
<b>A. CLINICAL MEASUREMENTS</b>					
BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: _____ Ratio: _____		
BP 1 <sup>st</sup> _____ /_____	BP 2 <sup>nd</sup> _____ /_____	Average BP _____ /_____	Hypertension Follow-up (>140/90) <input type="checkbox"/> Diagnostic Office Visit <input type="checkbox"/> Client Refused <input type="checkbox"/> Blood Pressure Medical Follow-up <input type="checkbox"/> Health Coaching		
Fasting (9-12 hours)	<input checked="" type="radio"/> Yes <input type="radio"/> No				Hypertension Follow-up (>140/90) <input type="checkbox"/> In-House <input type="checkbox"/> Referring Clinic
<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C			
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides	
<b>B. ALERT VALUE FOLLOW-UP</b>					
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of workup using codes below.					
<input type="checkbox"/> <b>ALERT BLOOD PRESSURE</b> Alert Blood Pressure SBP > 180 or DBP > 110 mmHg Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)			<input type="checkbox"/> <b>ALERT BLOOD GLUCOSE</b> Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)		
<b>* Status of work-up Number Codes</b> 1. <b>Work-up complete.</b> Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit. <b>Notify WISEWOMAN Education Coordinator of any of the following status responses:</b> 2. <b>Follow-up/workup by alternate provider.</b> Patient intends to see alternate provider within seven (7) days. 3. <b>Client refused workup.</b> Participant had an alert value and refused workup. 4. <b>Workup not completed, client lost to follow-up.</b> Participant had an alert value but was lost to follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.					
Alert Value Notes/Comments:					
<b>C. OTHER</b>					
Date Risk Counseling Completed: _____					
Client Priority Area(s): <input type="checkbox"/> None <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Physical Activity Clearance Denied. Client not cleared for physical activity until further evaluation					
LSP Referred To: <input type="checkbox"/> Eating Smart-Being Active <input type="checkbox"/> Diabetes Prevention Program (St. Louis only) <input type="checkbox"/> Health Coaching <input type="checkbox"/> Tobacco Quitline Date Referred: _____					
Comments:					



## WISEWOMAN Health Coaching Reporting Form



Participant Name: \_\_\_\_\_ SSN/DCN: \_\_\_\_\_

### A. RECORD OF PARTICIPATION

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.

Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date m/d/yyyy	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 2)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 3)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Group, Face-to-face			<input type="radio"/>		<input type="radio"/>			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation

### B. COMMENTS

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control  
**WISEWOMAN Diagnostic Form**



Used for Reporting: Diagnostic Office Visit, Labs not completed on the day of the screening visit, Alert Values not completed on the day of screening, and Reporting services not being billed.

Diagnostic Visit    Lab Only    Reporting Only

PROVIDER NAME			DATE	
NAME: LAST FIRST		MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
<b>A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (Check all that apply)</b>				
<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation		BP 1 <sup>st</sup> ____ / ____	BP 2 <sup>nd</sup> ____ / ____	
<b>B. CLINICAL MEASUREMENTS</b>				
Fasting (9-12 hrs.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C	
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides
<b>C. MEDICAL FOLLOW-UP NOTES</b>				
Have the client's medications been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain medications? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was a treatment plan offered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
If yes, which of the following was offered? <input type="checkbox"/> Health Coaching <input type="checkbox"/> BP Medical Follow-Up				
<b>D. ALERT VALUE FOLLOW-UP</b>				
Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.				
<input type="checkbox"/> <b>ALERT BLOOD PRESSURE</b> Alert Blood Pressure SBP > 180 or DBP > 110 mmHg Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)	<input type="checkbox"/> <b>ALERT BLOOD GLUCOSE</b> Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)			
*Status of Work-up Number Codes 1. <b>Work-up complete.</b> Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit. <b>Notify WISEWOMAN Education Coordinator of any of the following status responses:</b> 2. Follow-up/workup by alternate provider. Patient intends to see alternate provider within seven (7) days. 3. Client refused workup. Participant had an alert value but refused workup. 4. Workup not completed, client lost to follow-up. Participant had an alert value but was lost to follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.				
Alert Value Notes/Comments:   				
Medical Professional Notes:   				



## WISEWOMAN Blood Pressure Medical Follow-Up Form



Face-to-Face in Office Only

PROVIDER NAME		DATE		
NAME: LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
<b>A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> /		BP 2 <sup>nd</sup> /		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were blood pressure (BP) medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
<b>B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> /		BP 2 <sup>nd</sup> /		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
<b>C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> /		BP 2 <sup>nd</sup> /		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
Comments:				



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control

**WISEWOMAN Eating Smart • Being Active  
Lifestyle Program Referral Form**



*Please print*

**Provider Information**

Date of Referral: \_\_\_\_\_

Referring Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Client Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Barriers to Attendance (ex. transportation, money for gas): \_\_\_\_\_

Goal:  Nutrition  Physical Activity  Weight Loss

**Complete and fax referral forms to:**

Missouri WISEWOMAN Program

Phone: 573-522-2841

Fax: 573-522-2898

**UME office only**

Date Received: \_\_\_\_\_

Referred to: \_\_\_\_\_

02/2016



**WISEWOMAN Program**  
**Gateway Region YMCA's Diabetes Prevention Program Referral Form**

*The YMCA's Diabetes Prevention Program helps adults at high risk for developing type 2 diabetes adopt and maintain healthy lifestyles by eating healthier, increasing physical activity and losing a modest amount of weight in order to reduce their chances of developing the disease.*

**Date of Referral:** \_\_\_\_\_

**Referring Agency Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Client Information** \_\_\_\_\_

**Name:** \_\_\_\_\_

**A1C/Blood Glucose:** \_\_\_\_\_ **BMI:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Best Time to Contact:** \_\_\_\_\_

**Complete and fax referral forms to:**

**Erin Kelly**  
**WISEWOMAN Education Coordinator**  
**Fax: 573-522-2898**

12/2015





## Take off Pounds Sensibly

### Participant Consent Form

I consent to participate in the TOPS program and I understand and agree to the following:

- I may attend any chapter meeting for one time at no charge. I understand that I am encouraged to visit more than one chapter to find one that I am most comfortable attending.
- Once I find the chapter that I am most comfortable with, I will present my TOPS membership coupon (\$32 annual membership fee) and complete the TOPS application process.
- I am responsible for paying the weekly, monthly, or quarterly chapter dues which vary by chapter.
- I agree/must have the weigh-in attendance sheet signed by the Weight Recorder for the chapter at each meeting to verify participation.
- I agree/must return the attendance log to my WISEWOMAN Provider after I have attended 12 sessions.
- I will receive the TOPS "Real Life" book free of charge after presenting the attendance log verifying completion of 12 sessions.

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Signature of Participant

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Date



**Missouri WISEWOMAN  
Attendance Record  
TOPS – Lifestyle Program**

Please have your TOPS chapter recorder or leader initial and date each time you attend a meeting. When you have attended 12 meetings, please return this card to your clinic. Thank you

Meeting Number	Date	Length of Meeting (# minutes)	Initial	Meeting Number	Date	Length of Meeting (# minutes)	Initial
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

WWWISEWOMAN/LSP/TOPS/2016

**Participants Name:** \_\_\_\_\_

**Beginning Weight:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Week 12 weight:** \_\_\_\_\_

Revised 01/16



**MISSOURI TOBACCO QUITLINE**  
**Fax Number: 1-800-811-8357**

**FAX REFERRAL FORM**

**Provider Information:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**I am a HIPAA-Covered Entity (Please check one)**     Yes     No     I Don't Know

**Fax:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Comments:**  
\_\_\_\_\_

**Patient Information:**    Gender:  male /  female    Pregnant?  Y  N

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Hm #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Wk #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Language Preference (check one):**  English  Other - \_\_\_\_\_

**Tobacco Type (check primary use):**  Cigarettes  Smokeless Tobacco  Cigar  Pipe

I am ready to quit tobacco and request the Missouri Tobacco Quit Line contact me to help  
(Initial) me with my quit plan.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**The Missouri Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. The Quitline is open 7 days a week:**

7am - 11am CT    11am - 2pm CT    2pm - 5pm CT    5pm - 8pm CT    8pm - 11pm CT

**Within this 3-hour time frame, please contact me at (check one):**  hm /  wk /  cell

Missouri Department of Health and Senior Services  
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## WISEWOMAN REFERRAL FORM



Client Name		Date of Birth		Last 4 numbers of SSN
Client Address		City, State and Zip		Client Phone Number
Name of Facility Client was Referred To		Facility Address		City, State, and Zip
Appointment Date	Appointment Time	Facility Phone	Facility Fax	
<b>Purpose of Referral:</b> <input type="checkbox"/> Blood Pressure _____ / _____ mmHg <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Cholesterol _____ mgdL      Medication <input type="checkbox"/> Glucose _____ mgdL				
<b>Notes/Comments:</b>				
✓	Description	CPT Code		
Office Visits				
	Diagnostic Consultation	99203		
<b>Medical Evaluation Notes:</b>				
<b>Recommendations:</b>				
<b>Physician/NP Signature:</b>		<b>Date:</b>		

*Please fax consult note to the referring provider, Thank you!*

Referring clinic \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_



## WISEWOMAN Supply Order Form



Program & Educational Supplies	Amount Requested	Item # (WW Use Only)	Amount Sent (WW Use Only)	Date Sent (WW Use Only)
A New Leaf - Being Active				
A New Leaf - Diabetes Prevention and Management				
A New Leaf - Healthy Eating				
A New Leaf - Healthy Weight				
A New Leaf - Smoking and Quitting Assessment				
A New Leaf - Stress and Depression				
Cholesterol, Blood Pressure & Weight Tracker Wallet Card				
Eating Smart-Being Active Cards (4" x 9")				
Eating Smart-Being Active Posters (11" x 17")				
<i>Goal Tracking Log</i>				
<i>Heart Healthy Recipes cookbook</i>		11149		
Mayo Clinic: My Path To A Smoke Free Future				
Missouri Tobacco Quitline Business Card		958		
The Missouri Tobacco Quitline - 6 Steps to Success		941		
Stretch Band		11303		
WISEWOMAN Informational Brochure		537		
<hr/>				
8 Ways to Improve Your Cholesterol				
9 Ways to Lower your Risk of Stroke				
10 Ways to a Healthier Heart				
10 Ways to Prevent and Control High Blood Pressure				
15 Easy Ways to Cut Back on Salt				
30 Things Everyone Should Know About Cholesterol				
30 Things Everyone Should Know About High Blood Pressure				
A Healthy Heart Chart				
Diabetes and Your Heart: Managing Your ABC's				
Eat For Your Heart: 8 Simple Tips				
Healthy Eating on a Budget				
My Plate: Do It Your Way				
Women and Heart Disease, What You Should Know				
<hr/>				
WISEWOMAN Assessment Form				
WISEWOMAN Blood Pressure Follow Up Form				
WISEWOMAN Diagnostic Form				
WISEWOMAN Health Coaching Reporting Form				
WISEWOMAN Screening Form				
WISEWOMAN Screening Results Handout				

**Note:** Some materials are available in Spanish. Please call the central office staff to order these.

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Attention: WISEWOMAN

Contact Name: \_\_\_\_\_

**FAX #:** 573-522-2898

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

03/16

# WISEWOMAN Screening Results

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## Heart Disease and Stroke Risk Factors

There are some risk factors that you cannot change, such as your age, race/ethnicity and family history.

**These are risk factors that you can change:**

Cigarette Smoking	High blood cholesterol
Overweight	Physical inactivity
Diabetes	High blood pressure

## Your WISEWOMAN Screening Results

**Blood Pressure:** WISEWOMAN measures blood pressure by averaging two blood pressure measurements, separated by two minutes or longer. This is the national standard for blood pressure screening.

Your blood pressure is \_\_\_\_\_ (Desirable levels are less than 120/80)

**BMI or Body mass index:** BMI is calculated using a formula of your height and weight measurements.

Your weight is \_\_\_\_\_ Your BMI is \_\_\_\_\_ (Desirable is less than 25)

## Waist and Hip Circumference

Your waist measurement is \_\_\_\_\_ Your hip measurement is \_\_\_\_\_

Your waist/hip ratio is \_\_\_\_\_ (Desirable is .80 or below)

## Lab Test Results:

Total Cholesterol \_\_\_\_\_ mg/dl  
(Desirable is less than 200 mg/dl)

HDL \_\_\_\_\_ mg/dl  
(Desirable is more than 50 mg/dl)

Triglycerides \_\_\_\_\_ mg/dl  
(Desirable is less than 150 mg/dl)

Blood Glucose \_\_\_\_\_ mg/dl  
(Desirable is less than 100 mg/dl)

LDL \_\_\_\_\_ mg/dl

(Desirable is less than 100 mg/dl)

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## Things You Can Do To Be Heart Healthy

- Quit smoking. Avoid second-hand smoke.
- Become more physically active.
- Eat heart healthfully. Include more fruits, vegetables, whole grains, and low-fat dairy products. Limit foods high in saturated fat, trans fat, and cholesterol.
- Reduce salt and sodium intake.
- Lose weight if you are overweight and maintain a healthy weight.
- If you drink alcoholic beverages, do so in moderation.
- Schedule your WISEWOMAN screening with your Show Me Healthy Woman screening next year.

*Thank you for participating in the **WISEWOMAN** Program!*

<http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/index.php>

# Resultados de Detección WISEWOMAN

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## Enfermedades del Corazón y Factores de Riesgo Cerebrovascular

Hay algunos factores de riesgo que no se pueden cambiar, como sue dad, raza/origen étnico y la historia familiar.

**Estos son los factores de riesgo que usted puede cambiar:**

Fumar Cigarrillos Smoking	Niveles altos de Colesterol
Sobrepeso	Inactividad Física
Diabetes	Presión Arterial Alta

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## Sus Resultados de Detección WISEWOMAN

**Presón Arterial:** WISEWOMAN mide la presión arterial por un promedio de dos mediciones de la presión arterial, separadas por dos minutos o más. Este es el estándar nacional para la detección de la presión arterial.

Su presión arterial es \_\_\_\_\_ (Niveles deseables son menos de 120/80)

**IMC o Indice de Masa Corporal:** IMC se calcula usando una fórmula de su altura y medidas de peso.

Su peso es \_\_\_\_\_ Su IMC es \_\_\_\_\_ (Deseable es menos de 25)

### Circunferencia de Cintura y Cadera

Su medida de la cintura es \_\_\_\_\_ Su medida de la cadera es \_\_\_\_\_

Su radio de la cintura/cadera es \_\_\_\_\_ (Deseable es .80 o por debajo)

### Resultados de la Prueba de Laboratorio:

Colesterol total \_\_\_\_\_ mg/dl HDL \_\_\_\_\_ mg/dl  
(Deseable es menos de 200 mg/dl) (Deseable es más de 50 mg/dl)

Triglicéridos \_\_\_\_\_ mg/dl Glucosa en la sangre \_\_\_\_\_ mg/dl  
(Deseable es de menos de 150 mg/dl) (Deseable es menos de 100 mg/dl)

LDL \_\_\_\_\_ mg/dl  
(Deseable es menos que 100 mg/dl)

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## Cosas que usted puede hacer para tener un Corazón Saludable

- Deje de fumar. Evite el humo de segunda mano.
- Ser más active físicamente.
- Coma saludablemente para el corazón. Incluya más frutas, vegetales, granos integrales y productos lácteos bajos en grasa. Limite los alimentos con alto contenido de grasas saturadas, grasas trans, y colesterol.
- Reducir el consumo de sal y sodio.
- Baje de peso si tiene sobrepeso y mantener un peso saludable.
- Si toma bebidas alcohólicas, hágalo con moderación.

*¡Gracias por participar en el programa WISEWOMAN!*

## WISEWOMAN BILLING GUIDELINES

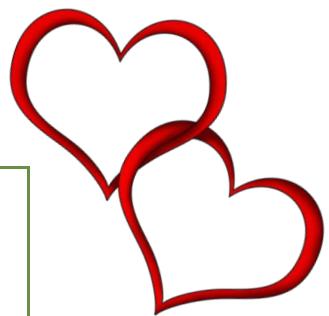
The billing guidelines for the DHSS SMHW and WISEWOMAN providers outlined in this section are effective July 1, 2017 through June 30, 2018 and replace all other existing billing guidelines.

### **ATTENTION:**

Providers are responsible for tracking their funding amounts. When 80 percent of the provider total for WISEWOMAN funds is expended, contact the WISEWOMAN office to request an amendment to increase funding. The WISEWOMAN Central Office staff will send each provider contract expenditures semi-annually.

**Fax Request To: 573-522-2898**

**E-mail To: WISEWOMAN Manager**



## PROVIDER REIMBURSEMENT GUIDELINES

The guidelines for provider reimbursement are in accordance with the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354. Congress amended the NBCCEDP Public Law 10-354 in 1993 to create the WISEWOMAN Program. The WISEWOMAN program addresses women's risk for heart disease and stroke by providing cardiovascular disease health screenings and risk reduction lifestyle education for NBCCEDP clients. The conditions and requirements are:

- ♥ DHSS/WISEWOMAN is the payer of last resort,
- ♥ DHSS reimbursements are considered payment in full,
- ♥ Service providers and their subcontractors shall not charge the client for any screening/diagnostic services reimbursable by DHSS,
- ♥ DHSS clients shall not be charged any administrative fees and,
- ♥ When services other than the WISEWOMAN cardiovascular risk assessment, documentation shall be provided that verifies the client was notified in advance of these services and their cost.

## REASONS FOR DENIAL

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**Resubmission for denied service will only be considered one time.** Submit questions pertaining to client's data reporting form for service denied/adjusted to the DHSS by phone toll free at 866-726-9926, or fax to 573-522-2898. Denial will be explained or reconsidered. **No further resubmission will be accepted after the second denial.**

## PROVIDERS WILL NOT RECEIVE REIMBURSEMENT UNDER THE FOLLOWING CIRCUMSTANCES

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- ♥ Services are provided to ineligible women
- ♥ Standards outlined in the Provider Manual as stated in Sections four (4) and five (5) are not met
- ♥ Required data reporting forms are not submitted to WISEWOMAN within 60 days of service, with the exception of filing with client's insurance, which must be submitted within 30 days from receipt of the Explanation of Benefits (EOB)
- ♥ If data is submitted after the closing date for grant year it cannot be reimbursed by WISEWOMAN or billed to client
- ♥ WISEWOMAN services that are billed or received PRIOR to SMHW services

## INSURANCE GUIDELINES

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See SMHW Manual on Insurance Guidelines.

Note:

WISEWOMAN will only reimburse up to the total allowed by WISEWOMAN for that procedure.

## WISEWOMAN RATES BY CPT CODES

**JULY 1, 2017 THROUGH JUNE 30, 2018**

- ♥ Reimbursements for cardiovascular screening and lifestyle education services will be based on allowable 2016 Area 1 Medicare charges.

**Code Modifiers**

<b>W</b>	WISEWOMAN service is modified from and is not the same as the standards CPT code
<b>WA</b>	WISEWOMAN annual screening risk reduction intervention
<b>QW</b>	Lab service is CLIA waived

<b>SERVICES</b>	<b>CPT CODE</b>	<b>WISEWOMAN RATE</b>	<b>DESCRIPTION</b>
Initial Screening	99202	\$73.90	Initial Screening, new Patient (20 minutes); includes assessment, screening and risk reduction counseling
Annual Screening	99213	\$71.88	Annual Screening, established patient(15 minutes); includes assessment, screening, and risk reduction counseling
Diagnostic Office Visit	99203	\$107.02	Diagnostic office visit-Medical evaluation for abnormal screening results on an established patient (30 minutes)
Blood Pressure Medical Follow-Up	99214	\$106.00	Blood Pressure Medical Follow-Up to an established patient face-to-face to support control of high blood pressure including self-monitoring and medication compliance (25 minutes)

<b>Lab Tests</b>			
Lab Venipuncture	36415	\$3.00	Routine Venipuncture
Lipid Panel	80061QW	\$18.24	Lipid Panel (TC, HDL, LDL, Triglycerides)
Total Cholesterol	82465QW	\$5.92	Cholesterol, Serum or Whole Blood, Total
HDL Cholesterol	83718QW	\$11.16	HDL Cholesterol
Glucose, Quantitative	82947QW	\$5.35	Blood Glucose, quantitative
Glucose, Reagent	82948	\$4.32	Blood Glucose, reagent
Glucose, Hemoglobin	83036QW	\$13.22	Hemoglobin A1C

<b>Health Coaching, Individual</b>		
15 Minute Session	\$39.21	Face-to-Face or Telephone
30 Minute Session	\$53.71	Face-to-Face or Telephone
45 Minute Session	\$68.22	Face-to-Face Only
4 <sup>th</sup> Follow-up Assessment	\$68.22	Face-to-Face or Telephone

<b>Health Coaching, Group (2 or more individuals)</b>		
30 Minute Session	\$18.80	Face-to-Face Only
60 Minute Session	\$34.23	Face-to-Face Only



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control  
**WISEWOMAN Assessment Form**



LAST NAME: <b>Doe</b>	FIRST NAME: <b>Jane</b>	MIDDLE INITIAL: <b>B.</b>	DOB (MM/DD/YYYY): <b>04/05/1965</b>	DATE OF VISIT (MM/DD/YYYY): <b>07/06/2016</b>
<b>A. Health History (Check <input type="checkbox"/> as appropriate)</b>				
1. Do you have high cholesterol?				
<i>If you answered No, skip to question 2.</i>				
a. Do you take medication to lower your cholesterol?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
b. During the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?				
<input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure				
Number of Days				
2. Do you have hypertension (high blood pressure)?				
<i>If you answered No, skip to question 3.</i>				
a. Do you take medication to lower your blood pressure?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
b. During the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?				
<input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure				
Number of Days				
c. Do you measure your blood pressure at home or using other calibrated sources or other places in the community?				
<i>If no, check reason:</i>				
<input checked="" type="checkbox"/> I was never told to measure my blood pressure <input type="checkbox"/> I don't know how to measure my blood pressure <input type="checkbox"/> I don't have equipment to measure my blood pressure				
<i>If yes:</i>				
i. How often do you measure your blood pressure at home or use other calibrated sources or other places in the community?				
<input type="checkbox"/> Multiple Times Per Day <input type="checkbox"/> Daily <input type="checkbox"/> A Few Times Per Week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Don't Measure) <input type="checkbox"/> Don't Know/Not Sure				
ii. Do you regularly share blood pressure readings with your health care provider for feedback?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
3. Do you have diabetes (Either Type 1 or Type 2)?				
<i>If you answered No, skip to question 4.</i>				
a. Do you take medication to lower your blood sugar (for diabetes)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				
b. During the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)?				
<input type="checkbox"/> None <input type="checkbox"/> None, because I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure				
Number of Days				
4. Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attach (TIA), vascular disease, or congenital heart defects?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure				

**B. Health History (Check  as appropriate)**

1. How much fruit do you eat in an average day? 1 Number of Cups  None  
2. How many vegetables do you eat in an average day? 2 Number of Cups  None  
3. Do you eat two (2) servings or more of fish weekly?  Yes  No  
4. Do you eat three (3) ounces or more of whole grains daily?  Yes  No  
5. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?  Yes  No  
6. Are you currently watching or reducing your sodium or salt intake?  Yes  No  
7. Physical Activity  
a. How much moderate physical activity do you get in a week? 20 Number of Minutes  None  
b. How much vigorous physical activity do you get in a week? \_\_\_\_\_ Number of Minutes  None  
8. Tobacco Products  
a. Do you smoke? Includes cigarettes, pipes, or cigars  Current Smoker  Quit (1-12 months ago)  
(smoked tobacco in any form)  Quit (> 12 months ago)  Never Smoked  
b. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking? 17 Number of Hours  None  
9. Overall Wellness  
a. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good? 30 Number of Days  Don't Know/Not Sure  
b. Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good? 25 Number of Days  Don't Know/Not Sure  
c. During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? 10 Number of Days  Don't Know/Not Sure

**C. Readiness to Change Health Habits (Check  as appropriate)**

Check the one box by each of the following three statements that best describes your behavior today.	I have little or no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.
1. Eat more fruits and vegetables.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quit smoking/utilizing tobacco.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (or never smoked)
3. Increase physical activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control  
**WISEWOMAN SCREENING FORM**



Initial Risk Reduction Counseling with SMHW    Annual Risk Reduction Counseling with SMHW    Initial Screening, Non-integrated  
 Annual Screening, Non-integrated    Reporting Only

PROVIDER NAME <b>Department of Health and Senior Services</b>				DATE <b>7/6/2016</b>	
NAME: LAST <b>Doe</b>		FIRST <b>Jane</b>	MIDDLE INITIAL <b>B</b>	DATE OF BIRTH (MM/DD/YYYY) <b>4/5/1965</b>	SOCIAL SECURITY NUMBER <b>123-45-6789</b>
<b>A. CLINICAL MEASUREMENTS</b>					
BMI: <b>26</b>	Height: <b>5'6"</b>	Weight: <b>160</b> lbs.	Waist circumference: <b>35</b> Hip circumference: <b>35</b> Ratio: _____		
BP 1 <sup>st</sup> <b>185 / 90</b>	BP 2 <sup>nd</sup> <b>182 / 85</b>	Average BP /	Hypertension Follow-up (>140/90) <input checked="" type="checkbox"/> Diagnostic Office Visit <input type="checkbox"/> Client Refused <input checked="" type="checkbox"/> Blood Pressure Medical Follow-up <input checked="" type="checkbox"/> Health Coaching		
Fasting (9-12 hours) <input checked="" type="radio"/> Yes <input type="radio"/> No		Hypertension Follow-up (>140/90) <input type="checkbox"/> In-House <input type="checkbox"/> Referring Clinic			
<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input checked="" type="checkbox"/> A1C			
<input checked="" type="checkbox"/> Lipid Panel (Fasting Only)	<input checked="" type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides	
<b>B. ALERT VALUE FOLLOW-UP</b>					
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of workup using codes below.					
<input type="checkbox"/> <b>ALERT BLOOD PRESSURE</b> Alert Blood Pressure SBP > 180 or DBP > 110 mmHg Evaluation Visit Date: <b>7/6/2016</b> *Status of Work-up: <b>1</b> (Number from below)			<input type="checkbox"/> <b>ALERT BLOOD GLUCOSE</b> Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)		
<b>* Status of work-up Number Codes</b>					
1. <b>Work-up complete.</b> Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.					
2. <b>Follow-up/workup by alternate provider.</b> Patient intends to see alternate provider within seven (7) days.					
3. <b>Client refused workup.</b> Participant had an alert value and refused workup.					
4. <b>Workup not completed, client lost to follow-up.</b> Participant had an alert value but was lost to follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.					
<b>Alert Value Notes/Comments:</b>					
Client was seen by D. Nurse, NP for diagnostic office visit. Lisinopril 5 mg daily given. Medication resources provided. Client to come back in 2 weeks for health coaching and blood pressure recheck.					
<b>C. OTHER</b>					
Date Risk Counseling Completed: <b>7/6/2016</b>					
Client Priority Area(s): <input type="checkbox"/> None <input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input checked="" type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Physical Activity Clearance Denied. Client not cleared for physical activity until further evaluation					
LSP Referred To: <input checked="" type="checkbox"/> Eating Smart-Being Active <input type="checkbox"/> Diabetes Prevention Program (St. Louis only) <input checked="" type="checkbox"/> Health Coaching <input type="checkbox"/> Tobacco Quitline Date Referred: <b>7/6/2016</b> <b>7/6/2016</b>					
Comments:					



## WISEWOMAN Health Coaching Reporting Form



Participant Name: Jane B. Doe

SSN/DCN:

123-45-6789

### A. RECORD OF PARTICIPATION

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.

Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date m/d/yyyy	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)	7/6/2016	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 2)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 3)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Group, Face-to-face			<input type="radio"/>		<input type="radio"/>			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation

### B. COMMENTS

Discussed ways to increase physical activity. Also started on BP medications. E.Kelly, RN

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## WISEWOMAN Health Coaching Reporting Form



Participant Name: Jane B. Doe

SSN/DCN:

12-45-6789

### A. RECORD OF PARTICIPATION

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.

Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date m/d/yyyy	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 2)	7/28/2016	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 3)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Group, Face-to-face			<input type="radio"/>		<input type="radio"/>			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation

### B. COMMENTS

Working on increased physical activity. Started walking daily. Complaint with medications. E.Kelly, RN

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## WISEWOMAN Health Coaching Reporting Form



Participant Name: Jane B. Doe

SSN/DCN:

123-45-6789

### A. RECORD OF PARTICIPATION

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.

Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date m/d/yyyy	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 2)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation
Health Coaching, Individual (Session 3)	8/9/2016	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Blood Pressure Management <input checked="" type="checkbox"/> Smoking Cessation
Health Coaching, Group, Face-to-face			<input type="radio"/>		<input type="radio"/>			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation

### B. COMMENTS

Complaint with medications. 15 min. health coaching. 30 min. health coaching discussed smoking cessation. Client given Mayo Clinic My Path book. E. Kelly, RN



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control  
**WISEWOMAN Diagnostic Form**



Used for Reporting: Diagnostic Office Visit, Labs not completed on the day of the screening visit, Alert Values not completed on the day of screening, and Reporting services not being billed.

Diagnostic Visit    Lab Only    Reporting Only

PROVIDER NAME <b>Department of Health and Senior Services</b>				DATE 7/6/2016
NAME: LAST Doe		FIRST Jane	MIDDLE INITIAL B	DATE OF BIRTH (MM/DD/YYYY) 04/05/1965
<b>A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (Check all that apply)</b>				
<input checked="" type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation		BP 1 <sup>st</sup> ____ / ____		BP 2 <sup>nd</sup> ____ / ____
<b>B. CLINICAL MEASUREMENTS</b>				
Fasting (9-12 hrs.) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides
<b>C. MEDICAL FOLLOW-UP NOTES</b>				
Have the client's medications been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain medications? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was a treatment plan offered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
If yes, which of the following was offered? <input type="checkbox"/> Health Coaching <input type="checkbox"/> BP Medical Follow-Up				
<b>D. ALERT VALUE FOLLOW-UP</b>				
Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.				
<input type="checkbox"/> <b>ALERT BLOOD PRESSURE</b> Alert Blood Pressure SBP > 180 or DBP > 110 mmHg Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)		<input type="checkbox"/> <b>ALERT BLOOD GLUCOSE</b> Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: _____ *Status of Work-up: _____ (Number from below)		
<p>*Status of Work-up Number Codes</p> <ol style="list-style-type: none"><li>1. <b>Work-up complete.</b> Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.</li><li>2. <b>Follow-up/workup by alternate provider.</b> Patient intends to see alternate provider within seven (7) days.</li><li>3. <b>Client refused workup.</b> Participant had an alert value but refused workup.</li><li>4. <b>Workup not completed, client lost to follow-up.</b> Participant had an alert value but was lost to follow-up and workup was not completed.</li></ol> <p>Lost to follow-up is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.</p>				
Alert Value Notes/Comments:				
Medical Professional Notes:				
Client was seen by D. Nurse, NP for blood pressure control. She was prescribed Lisinopril 5 mg daily. Client to return in two weeks for health coaching and blood pressure check. E.Kelly, RN				



## WISEWOMAN Blood Pressure Medical Follow-Up Form



Face-to-Face in Office Only

PROVIDER NAME  Department of Health and Senior Services				DATE 7/20/2016
NAME: LAST Doe	FIRST Jane	MIDDLE INITIAL B.	DATE OF BIRTH (MM/DD/YYYY) 4/5/1965	SOCIAL SECURITY NUMBER 123-45-6789
<b>A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> 150 / 88		BP 2 <sup>nd</sup> 147 / 89		
Is the client compliant with medications/treatment plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were blood pressure (BP) medications prescribed or adjusted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Treatment Plan: <input checked="" type="checkbox"/> Health Coaching <input checked="" type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client: <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Sodium Reduction <input checked="" type="checkbox"/> Weight Loss <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation			
<b>B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> /		BP 2 <sup>nd</sup> /		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Weight Loss <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation			
<b>C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> /		BP 2 <sup>nd</sup> /		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Weight Loss <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation			
Comments:				



## WISEWOMAN Blood Pressure Medical Follow-Up Form



Face-to-Face in Office Only

PROVIDER NAME  Department of Health and Senior Services				DATE 7/27/2016
NAME: LAST Doe	FIRST Jane	MIDDLE INITIAL B.	DATE OF BIRTH (MM/DD/YYYY) 4/5/1965	SOCIAL SECURITY NUMBER 123-45-6789
<b>A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> _____ / _____		BP 2 <sup>nd</sup> _____ / _____		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Were blood pressure (BP) medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan:  <input type="checkbox"/> Health Coaching <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client:  <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
<b>B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> 145 / 67		BP 2 <sup>nd</sup> 147 / 70		
Is the client compliant with medications/treatment plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Client Refused Can the client obtain BP medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Was the client given access to resources or were resources given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Is the client self-monitoring BP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Treatment Plan:  <input checked="" type="checkbox"/> Health Coaching <input checked="" type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client:  <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input checked="" type="checkbox"/> Weight Loss			
<b>C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> _____ / _____		BP 2 <sup>nd</sup> _____ / _____		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan:  <input type="checkbox"/> Health Coaching <input type="checkbox"/> Client Refused	Information Discussed with Client:  <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
<b>Comments:</b>  <b>Client to continue medications and return in one month for a blood pressure check</b>				



## WISEWOMAN Blood Pressure Medical Follow-Up Form



Face-to-Face in Office Only

PROVIDER NAME  Department of Health and Senior Services				DATE 8/20/2016
NAME: LAST Doe	FIRST Jane	MIDDLE INITIAL B.	DATE OF BIRTH (MM/DD/YYYY) 4/5/1965	SOCIAL SECURITY NUMBER 123-45-6789
<b>A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> _____ / _____		BP 2 <sup>nd</sup> _____ / _____		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were blood pressure (BP) medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input type="checkbox"/> Health Coaching <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
<b>B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> _____ / _____		BP 2 <sup>nd</sup> _____ / _____		
Is the client compliant with medications/treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Plan: <input checked="" type="checkbox"/> Health Coaching <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss			
<b>C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP</b>				
BP 1 <sup>st</sup> _____ / _____ 139 / 70		BP 2 <sup>nd</sup> _____ / _____ 132 / 68		
Is the client compliant with medications/treatment plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Were BP medications prescribed or adjusted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Client Refused				
Can the client obtain BP medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused				
Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Client Refused				
Is the client self-monitoring BP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Treatment Plan: <input checked="" type="checkbox"/> Health Coaching <input type="checkbox"/> Client Refused	Information Discussed with Client: <input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input checked="" type="checkbox"/> Weight Loss			
Comments:				



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Bureau of Cancer and Chronic Disease Control

**WISEWOMAN Eating Smart • Being Active  
Lifestyle Program Referral Form**



*Please print*

**Provider Information**

Date of Referral: 7/6/2016

Referring Agency Name: Department of Health and Senior Services

Address: 920 Wildwood Dr. Jefferson City, MO 65109

Contact Person: Erin Kelly, RN

Phone: 573-522-2866 Fax: 573-522-2898 E-mail: Erin.Kelly@health.mo.gov

**Client Information**

Name: Jane B Doe

Address: 111 Center St. City, State, and Zip: Jefferson City, MO 65109

Phone: 573-555-4445 Email: Jane.Doe@hotmail.com

Best Time to Contact: evenings after 4 p.m.

Barriers to Attendance (ex. transportation, money for gas): Transportation

Goal:  Nutrition  Physical Activity  Weight Loss

**Complete and fax referral forms to:**

Missouri WISEWOMAN Program

Phone: 573-522-2841

Fax: 573-522-2898

**UME office only**

Date Received: \_\_\_\_\_

Referred to: \_\_\_\_\_

02/2016



**WISEWOMAN Program**  
**Gateway Region YMCA's Diabetes Prevention Program Referral Form**

*The YMCA's Diabetes Prevention Program helps adults at high risk for developing type 2 diabetes adopt and maintain healthy lifestyles by eating healthier, increasing physical activity and losing a modest amount of weight in order to reduce their chances of developing the disease.*

**Date of Referral:** 7/6/2016

**Referring Agency Name:** Department of Health and Senior Services

**Contact Person:** Erin Kelly

**Phone:** 573-522-2866

**Fax:** 573-522-2898

**Email:** erin.kelly@health.mo.gov

**Client Information**

**Name:** Jane B. Doe

**A1C/Blood Glucose:** 5.2

**BMI:** 26

**DOB:** 4/5/1965

**Phone:** 573-555-4445

**Email:** Jane.Doe@hotmail.com

**Best Time to Contact:** evenings after 4 p.m.

**Complete and fax referral forms to:**

Erin Kelly

WISEWOMAN Education Coordinator

Fax: 573-522-2898

12/2015



## WISEWOMAN MOHSAIC OVERVIEW



Providers' entering data are not required to fill out paper forms but must have documentation of the information submitted in the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) in client files for quality assurance (QA) review.

The Patient History form (**green form**), WISEWOMAN Assessment form (**tan form**), WISEWOMAN Screening form (**pink form**), WISEWOMAN health coaching form (**orange form**), WISEWOMAN Diagnostic form (**grey form**), WISEWOMAN Blood Pressure Medical Follow-Up form (**gold form**), and all other referral forms can be accessed by calling

866-726-9926 or online at the following web

address: <http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providerforms.php>.

All forms contain a 'Comment' section at the bottom of the form. Explanations should be kept brief as space is limited. Comments are not mandatory, but helpful to retain information not covered in the form. In the 'Comment' box of the WISEWOMAN forms, the program needs information entered here on alert values to include treatment plan, and follow-up plan. If the client misses or does not show up for an appointment this must also be documented in the 'Comment' section. On all other forms, the 'Comment' box can be used to explain any additional information not asked on the form such as medication adjustments, telephone follow-ups, and discussions with clients in regards to health coaching.

Client records must be submitted within 60 days of service. If waiting for insurance reimbursement/approval forms notify the WISEWOMAN Education Coordinator and document this in the 'Comment' section of the form.

### PATIENT HISTORY FORM

The Patient History form (**green form**) shall be completed by each client at the initial screening visit and at every annual screening, thereafter. The provider shall enter the **green history form** into MOHSAIC when reporting the initial screening visit and update the information each year, as needed. Enter the **green history form** into MOHSAIC before entering any other form. The client should be asked to fill out this form each year when she comes in for her annual rescreening visit. This will allow the provider to update any client information on the Patient History form (**green form**) and the provider and DHSS has the most up-to-date information.

## WISEWOMAN ASSESSMENT FORM

WISEWOMAN Assessment form (**tan form**) shall be completed by the client at all WISEWOMAN screenings, both initial and annual. The WISEWOMAN Assessment form (**tan form**) includes cardiovascular health history, family health history, medications, health habits, readiness to change habits, ability to participate in physical activity and follow-up contact information. Providers review the WISEWOMAN Assessment form (**tan form**) with each client and assist with questions as needed. As providers are reviewing the WISEWOMAN Assessment form (**tan form**) with the client, the clinic staff should discuss the “Don’t Know/Not Sure” with the client to try to keep the number of these answers to a minimum.

The WISEWOMAN Assessment form (**tan form**) is also used when completing the fourth follow-up assessment. This is completed 4-6 weeks after completion of health coaching.

## WISEWOMAN SCREENING FORM

WISEWOMAN Screening form (**pink form**) shall be completed by the provider. The WISEWOMAN Screening form (**pink form**) documents screening, follow-up and lifestyle education services, including: visit type, clinical measurements, alert and abnormal value follow-up, alert value notes, Risk Reduction Counseling completion date, physical activity clearance and lifestyle intervention referrals shall be completed.

## WISEWOMAN DIAGNOSTIC FORM

WISEWOMAN Diagnostic form (**gray form**) shall be completed by the provider when a client is referred for a face-to-face diagnostic office visit. This form documents the reason for the diagnostic office visit, any further clinical measurements that may be needed, medical follow-up notes and any alert value notes if needed.

## WISEWOMAN HEALTH COACHING FORM

WISEWOMAN Health Coaching form (**orange form**) shall be completed by the provider as a record of the health coaching sessions completed with each client. The provider will document the date of service, amount of time spent with the client, whether the visit was completed by telephone or face-to-face, and the topic that was covered in the health coaching session. There is a comments section for additional information if needed.

## WISEWOMAN BLOOD PRESSURE MEDICAL FOLLOW-UP FORM

WISEWOMAN Blood Pressure Medical Follow-Up form (**gold form**) shall be completed by the provider as a follow-up for a client who has high blood pressure. This **gold form** will be used to track whether the client is compliant with medications, can obtain medications, was given the necessary resources, client's treatment plan and topics discussed with the client. There is a comments section for additional information if needed.

All other referral forms can be found in the Forms section of the WISEWOMAN Services Section of the WISEWOMAN manual.

## WISEWOMAN MOHSAIC ACCESS

MOHSAIC is an online data system used to collect and manage client service records for the WISEWOMAN program.

MOHSAIC also tracks funding allocations and expenditures and is linked to the Statewide Advantage for Missouri (SAM II) system for reimbursing providers. Prior to reimbursement, SMHW/WISEWOMAN staff review all submitted forms to ensure client services meet program standards.

WISEWOMAN Program must submit Minimum Data Elements (MDE) reports to the CDC from the MOHSAIC reporting data forms.

### HOW TO APPLY FOR ACCESS TO MOHSAIC

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To apply for access to MOHSAIC, please see SMHW Section of manual on MOHSAIC access.

This section of the WISEWOMAN Manual is dedicated to entering WISEWOMAN forms specifically in MOHSAIC. For questions regarding general MOHSAIC entry, please see the SMHW section of the manual.

## ENTERING A GREEN FORM

When entering the Patient History form (**green form**), please remember to enter in all fields on the form.

In order to enter the Patient History form (**green form**), you must enter the client's name, address, SSN (or mark the box that SSN not available), date of birth, primary language spoken, ethnicity, race, telephone number (or box that states client has no phone) as well as the other questions asked on history form.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HEALTH**

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE**

[▼SUBMIT NEW FORMS / BILLING](#) [►VIEW MEDICAID INFORMATION](#) [►VIEW MONTHLY ACTIVITY REPORT](#)

Show Instructions

**Patient History** (TO BE COMPLETED BY CLIENT AND REVIEWED ANNUALLY) Ver. - 72

Provider SAMII Number - Service Address  
43601779101 - 110 GREY JONES, EMINENCE, MO 65466 DATE OF VISIT (MM/DD/YYYY)  
3/23/2016

**A. PERSONAL HISTORY**

NAME (LAST, FIRST, MIDDLE INITIAL)	MAIDEN NAME			
DUCK, DAFFIE				
E-MAIL ADDRESS	HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.	
	573-123-4567			
STREET ADDRESS	CITY / STATE	ZIP CODE	COUNTY	
456 FIRST ST	ST LOUIS / MO	63108		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?		
7/8/1974	000-00-4444	<input checked="" type="radio"/> English	<input type="radio"/> Spanish	<input type="radio"/> Other
NUMBER OF HOUSEHOLD MEMBERS	INSURANCE COVERAGE	MEDICAID DCN/MEDICARE NUMBER		
4	<input checked="" type="radio"/> None <input type="radio"/> Mo HealthNet <input type="radio"/> Medicare <input type="radio"/> Private	64945794		
Race: (must be answered, chose all that apply)		Ethnicity: (must be answered)		
<input checked="" type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) Asian <input type="checkbox"/> (4) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (5) American Indian or Alaskan Native <input type="checkbox"/> (6) Other		<input checked="" type="radio"/> Yes <input type="radio"/> No		
Highest grade of school completed (circle one) (U. S. equivalent if educated in another nation)				
<input type="radio"/> 10				

It is important for the WISEWOMAN Program that this form be updated by the clinic staff yearly when the client returns for her annual rescreen. This will allow the clinic and the WISEWOMAN Program to have the most up to date information regarding the client.

This form must be completed on all clients in order to continue with billing any additional services.



How did you hear about the Show Me Healthy Women program? (please choose only one)		What type of transportation did you use to get to your clinic appointment? (please choose only one)	
<input type="radio"/> (1) Physician	<input type="radio"/> (8) Health Care Provider	Bus	<input type="text"/>
<input type="radio"/> (2) Clinic	<input type="radio"/> (9) Health Fair		
<input type="radio"/> (3) Television	<input type="radio"/> (10) Health Coalition		
<input type="radio"/> (4) Radio	<input type="radio"/> (11) Outreach Worker		
<input type="radio"/> (5) Printed Ad	<input checked="" type="radio"/> (12) Relative/Friend		
<input type="radio"/> (6) Billboard	<input type="radio"/> (13) Other Location		
<input type="radio"/> (7) Bus Sign		<input type="text"/>	
Date of last Pap Test <input type="text" value="10/25/2006"/> MM/DD/YYYY		Date of Last Mammogram <input type="text" value="12/14/2009"/> MM/DD/YYYY	
Do you now smoke cigarettes? <input type="text" value="Not at all"/>			
Name and telephone numbers of two people who can always reach you:			
Name:	Home Phone with Area Code	Work Phone	
First <input type="text" value="DONALD"/>	<input type="text" value="573-456-7890"/>	<input type="text"/>	
Last <input type="text" value="DUCK"/>	<input type="text" value="xxx-xxx-xxxx"/>	<input type="text" value="xxx-xxx-xxxx"/>	
First <input type="text" value="MICKEY"/>	<input type="text" value="573-123-9658"/>	<input type="text"/>	
Last <input type="text" value="MOUSE"/>	<input type="text" value="xxx-xxx-xxxx"/>	<input type="text" value="xxx-xxx-xxxx"/>	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>			

This information should be updated by the client yearly so the clinic and the program has the most up-to-date.

## ENTERING A TAN FORM AND PINK FORM

The WISEWOMAN assessment form (**tan form**) is completed by the client at the time of her screening visit. The assessment form (**tan form**) and the screening form (**pink form**) are both filled out on the same screen in the MOHSAIC system.

The date the form is submitted is entered on the top, followed by the date of service the client was seen at the clinic. The '**Form Type**' is then entered from the drop down box. This will allow the clinic to select '**Screening**' to enter the correct forms for the screening visit.

State of Missouri  
DEPARTMENT OF HEALTH AND SENIOR SERVICES SHOW ME HE

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT**    **PROVIDER**    **FINANCIAL**    **ADMINISTRATIVE**

[▼SUBMIT NEW FORMS / BILLING](#)    [►VIEW MEDICAID INFORMATION](#)    [►VIEW MONTHLY ACTIVITY REPORT](#)

Show Instructions

**WISEWOMAN** Ver. - 73

Provider SAMII Number - Service Address	43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794	
Date Form Received: 3/23/2016	MM/DD/YYYY		
Service Date: 3/23/2016	MM/DD/YYYY		
Form Type:	<input checked="" type="checkbox"/> SCREENING <input type="checkbox"/> DIAGNOSTIC <input type="checkbox"/> BP MEDICAL FOLLOW-UP <input type="checkbox"/> EDUCATION <input type="checkbox"/> COMPLETION DATE		
Services:	<input type="checkbox"/> Reporting Only for Entire Form		
DIAGNOSTIC OFFICE VISIT JUSTIFICATION	<input type="checkbox"/> Blood Pressure Control <input type="checkbox"/> Medication for Smoking Cessation		
HEALTH HISTORY	<input type="checkbox"/> Clear Section		

A red oval highlights the 'Form Type' dropdown menu, which is currently set to 'SCREENING'. Other options visible in the menu include 'DIAGNOSTIC', 'BP MEDICAL FOLLOW-UP', 'EDUCATION', and 'COMPLETION DATE'.

The clinic will then choose from one of the following under the '**Services**' drop down box to enter the screening form. The clinic will choose if it is the client's initial or annual screening and whether or not the screening was integrated with the SMHW screening. Once the screening type has been entered in the '**Services**' drop down box, the clinic can proceed with entering the rest of the form.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>	
<a href="#">Show Instructions</a>			
<b>WISEWOMAN SCREENING FORM</b>			
Ver. - 73			
Provider SAMII Number - Service Address		43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466	
Name (Last, First, Middle Initial) DUCK, DAFFIE			
Maiden Name			
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794	
Date Form Received: 3/23/2016	MM/DD/YYYY		
Service Date: 3/23/2016	MM/DD/YYYY		
Form Type: SCREENING	<input type="checkbox"/> Reporting Only for Entire Form		
Services:	<div style="background-color: #e0f2e0; padding: 5px;"> <b>Initial WISEWOMAN Screening, Integrated</b>            Initial WISEWOMAN Screening, Non-integrated            Annual WISEWOMAN Screening, Integrated            Annual WISEWOMAN Screening, Non-integrated            Follow-up Assessment, Non-integrated            Reporting Only         </div>		
HEALTH HISTORY	<input type="radio"/> No <input type="radio"/> Don't know/not sure <input type="radio"/> No <input type="radio"/> Don't know/not sure		
I. Do you have high cholesterol? If No, skip to question 2. a. Do you take medication to lower your cholesterol?	<input type="radio"/> No <input type="radio"/> Don't know/not sure <input type="radio"/> No <input type="radio"/> Don't know/not sure		
<a href="#">Clear Section</a>			

**It is important to make sure that the clinic bills correctly for a WISEWOMAN Initial Screening and a WISEWOMAN Annual Screening as this year reimbursement rates are different.**

Once the '**Services**' have been chosen, then the clinic may proceed with entering in the assessment questions filled out on the WISEWOMAN assessment form (**tan form**). The assessment questions include both the set of Health History questions, Healthy Habits questions and the Readiness to Change Habits.

All questions on the WISEWOMAN assessment form (**tan form**) must be completed in order to enter this form into the MOHSAIC system.

HEALTH HISTORY			<a href="#">Clear Section</a>	
1. Do you have high cholesterol?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Don't know/not sure	
<b>If No, skip to question 2.</b>				
a. Do you take medication to lower your cholesterol?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?	<input type="text"/> Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure	
2. Do you have hypertension (high blood pressure)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
<b>If you answered No, skip to question 3.</b>				
a. Do you take medication to lower your blood pressure?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?	<input type="text"/> Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure	
c. Do you measure your blood pressure at home or using other calibrated sources or other places in the community?	<input type="radio"/> Yes (Skip to d)	<input checked="" type="radio"/> No (check reason)		
<input checked="" type="radio"/> I was never told to measure my blood pressure	<input type="radio"/> I don't know how to measure my blood pressure			
<input type="radio"/> I don't have equipment to measure my blood pressure				
i. How often do you measure your blood pressure at home or use other calibrated sources or other places in the community?	<input type="radio"/> Multiple times per day	<input type="radio"/> Daily	<input type="radio"/> A few times per week	<input type="radio"/> Weekly
	<input type="radio"/> Monthly	<input type="radio"/> Other (Don't Measure)	<input type="radio"/> Don't know/not sure	
ii. Do you regularly share blood pressure readings with your health care provider for feedback?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
3. Do you have diabetes? (either Type 1 or Type 2)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Don't know/not sure	
<b>If No, skip to question 4.</b>				
a. Do you take medication to lower your blood sugar (for diabetes)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?	<input type="text"/> Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure	
4. Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/ chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Don't know/not sure	

HEALTH HABITS		<a href="#">Clear Section</a>			
1. How much fruit do you eat in an average day?	<input type="text" value="2"/>	Number of Cup(s)	<input type="checkbox"/> None		
2. How many vegetables do you eat in an average day?	<input type="text" value="1"/>	Number of Cup(s)	<input type="checkbox"/> None		
3. Do you eat two (2) servings or more of fish weekly?	<input type="radio"/>	Yes	<input checked="" type="radio"/> No		
4. Do you eat three (3) ounces or more of whole grains daily?	<input checked="" type="radio"/>	Yes	<input type="radio"/> No		
5. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	<input type="radio"/>	Yes	<input checked="" type="radio"/> No		
6. Are you currently watching or reducing your sodium or salt intake?	<input type="radio"/>	Yes	<input checked="" type="radio"/> No		
7. Physical Activity					
a. How much moderate physical activity do you get in a week?	<input type="text" value="40"/>	Number of Minute(s)	<input type="checkbox"/> None		
b. How much vigorous physical activity do you get in a week?	<input type="text"/>	Number of Minute(s)	<input checked="" type="checkbox"/> None		
8. Tobacco Products					
a. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)	<input checked="" type="radio"/>	Current Smoker	<input type="radio"/>	Quit(1-12 months ago)	
	<input type="radio"/>	Quit(More than 12 months ago)	<input type="radio"/>	Never smoked	
b. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?	<input type="text" value="16"/>	Number of Hour(s)	<input type="checkbox"/> None		
9. Overall Wellness					
a. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?	<input type="text" value="20"/>	Number of Day(s)	<input type="checkbox"/> Don't know/not sure		
b. Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?	<input type="text" value="15"/>	Number of Day(s)	<input type="checkbox"/> Don't know/not sure		
c. During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	<input type="text" value="17"/>	Number of Day(s)	<input type="checkbox"/> Don't know/not sure		
READINESS TO CHANGE HABITS		<a href="#">Clear Section</a>			
Check the one box by each of the following three statements that best describes your behavior today.	I have little to no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.
1. Eat more fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Quit smoking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Increase physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
					(or never smoked)

All questions must be answered in the Health History, Health Habits and Readiness to Change Habits sections of the WISEWOMAN Assessment form (**tan form**).

Once the assessment questions have been answered, then the clinic will enter the screening information into the ‘**Clinical Measurements**’ Section of the form. This form will follow directly the paper version of the form. All parts of the form must be answered in order to continue and submit the form.

New to the form this grant cycle will be the box to the right. This must be filled in for clients with an average blood pressure of > 140/90.

**CLINICAL MEASUREMENTS** [Clear Section](#)

BMI: 21.95	Height: 5 <input type="button" value="v"/> ft. 2 <input type="button" value="v"/> in.	Weight: 120 lbs.	Waist Circumference: 32	Hip Circumference: 45	Ratio: 0.71
BP 1st: 185 / 90	BP 2nd: 176 / 95	Average BP: 180.5 / 92.5	Hypertension Follow-up (>140/90)		
Fasting Status (9-12 hrs) <input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Diagnostic Office Visit <input type="radio"/> Client Refused		
<input type="checkbox"/> Glucose Quant. 	<input type="checkbox"/> BG Strip 	<input checked="" type="checkbox"/> A1c 5.3	<input type="radio"/> Blood Pressure Medical Follow-up		
<input checked="" type="checkbox"/> Lipid Panel	<input type="checkbox"/> Total Cholesterol 110	<input type="checkbox"/> HDL 50	<input type="checkbox"/> Health Coaching	Hypertension Follow-up (>140/90)	
LDL 75			<input checked="" type="radio"/> In-House	<input type="radio"/> Referring Clinic	
Triglycerides 140					

Please see WISEWOMAN Services section for all the parts of the clinical measurements that must be present for the record to be valid and reimbursed.

The system will automatically flag any blood pressure or glucose alerts requiring the clinic to enter the status of the work-up and date of evaluation. It will also require the clinic to enter any Medical Provider's alert value notes. This would include medications, treatment plans, or follow-up plans for those with alert values.

**ALERT VALUE FOLLOW-UP**

Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of work-up using codes below.

**ALERT BLOOD PRESSURE**  
Alert Blood Pressure SBP > 180 or DBP > 110 mmHg

Evaluation Visit Date:

\*Status of Work-Up:

**ALERT BLOOD GLUCOSE**  
Alert Blood Glucose <= 50 or >= 250 mg/dl

Evaluation Visit Date:

\*Status of Work-Up:

**\*STATUS OF WORK-UP CODE NUMBERS**

1. **Work-up Complete.** Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.  
*Notify WISEWOMAN Education Coordinator of any of the following status responses:*

2. **Follow-up/Workup by Alternate Provider.** Patient intends to see alternate provider within seven (7) days.

3. **Client Refused Work-up.** Participant had an alert value but refused workup.

4. **Workup Not Completed, Client Lost to Follow-up.** Participant had an alert value but was lost-to-follow-up and workup was not completed. *Lost to follow-up is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.*

Alert Value Notes/Comments:

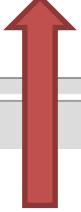
The next box of the WISEWOMAN Screening form (**pink form**) will be entered as well. This will require the clinic to enter the Risk Reduction Counseling Date(this is the date the labs and risks are reviewed with the client) and any referrals to Lifestyle Education programs. It is a **requirement** that the client be referred to health coaching. See Section 5 for specifics on health coaching.

OTHER FOLLOW-UP					
<p>Date Risk Counseling Completed: <input type="text" value="3/23/2016"/></p> <p>Client Priority Area(s): <input type="checkbox"/> None <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Blood Pressure Management</p>					
<p><input type="checkbox"/> Physical Activity Clearance denied. Client is not cleared to increase her physical activity until further evaluation.</p>					
<p>LSP Referred To: <input type="checkbox"/> Eating Smart-Being Active <input type="checkbox"/> Diabetes Prevention Program (St. Louis only) <input checked="" type="checkbox"/> Health Coaching <input type="checkbox"/> Tobacco Quitline</p>					
<p>Date Referred: <input type="text" value="3/23/2016"/></p>					
<p>Follow-Up Comments:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					

There is also a '**Comments**' box at the bottom of the form to allow the provider to enter in any additional information.

The final box in of the WISEWOMAN Screening form (**pink form**) is to enter in any health coaching sessions that have occurred with the screening visit or with the Risk Reduction Counseling (if the Risk Reduction Counseling was not performed on the same date as the screening).

To enter the health coaching sessions, the provider must enter the date of service, length of time spent with the client, whether the interaction was via telephone or face-to-face and the topics that were covered in each health coaching session. The topics are new to the form this year and are a requirement to enter any health coaching forms. Please mark all the topics that were discussed during health coaching.

RECORD OF PARTICIPATION						<a href="#">Clear Section</a>
Clients should be encouraged to participate in at least three (3) Health Coaching sessions. Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.						
Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)	
Health Coaching Individual (Session 1)	3/23/2016	15 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 2)		Select Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 3)		Select Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching, Group, Face to Face		Select Length	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
COMMENTS						
Comments:						
 <input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="checkbox"/> Override						

There is a '**Comments**' box following the health coaching for the provider to enter any additional comments.

## ENTERING AN ORANGE FORM

The health coaching form (**orange form**) is for the provider to submit the client's participation of health coaching sessions.

In order to enter this form, the clinic will enter the date the form was entered, and the date of service for the services received. The provider will then enter the '**Form Type**' and choose '**Education**' from the drop down box.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HE**

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE**

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**WISEWOMAN** Ver. - 73

Provider SAMII Number - Service Address	43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794	
Date Form Received:	3/23/2016	MM/DD/YYYY	
Service Date:	3/23/2016	MM/DD/YYYY	
Form Type:	<input checked="" type="checkbox"/> SCREENING		
Services:	<input checked="" type="checkbox"/> DIAGNOSTIC		
DIAGNOSTIC OFFICE VISIT JUSTIFICATION	<input checked="" type="checkbox"/> BP MEDICAL FOLLOW-UP		
	<input checked="" type="checkbox"/> EDUCATION		
	<input checked="" type="checkbox"/> COMPLETION DATE		
<input type="checkbox"/> Reporting Only for Entire Form			
<input type="checkbox"/> Blood Pressure			
<input type="checkbox"/> Medication for Smoking Cessation			
HEALTH HISTORY			

A red oval highlights the 'Form Type' dropdown menu, which is currently set to 'SCREENING'. Other options visible in the dropdown include 'DIAGNOSTIC', 'BP MEDICAL FOLLOW-UP', 'EDUCATION', and 'COMPLETION DATE'.

After the '**Form Type**' is chosen there is not an option to select '**Services**', therefore the screen will appear as below.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
<a href="#">SUBMIT NEW FORMS / BILLING</a>	<a href="#">VIEW MEDICAID INFORMATION</a>	<a href="#">VIEW MONTHLY ACTIVITY REPORT</a>	
<a href="#">Show Instructions</a>			
<b>WISEWOMAN EDUCATION FORM</b>			
Ver. - 73			
Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth:	7/8/1974	Social Security Number:	000-00-4444
Date Form Received:	3/23/2016	MM/DD/YYYY	
Service Date:	03/23/2016	MM/DD/YYYY	
Form Type:	EDUCATION		<input checked="" type="checkbox"/> Reporting Only for Entire Form

The clinic provider will then enter the date of the health coaching on the correct entry for the number of health coaching sessions the client received. The first health coaching session may already have been included on the WISEWOMAN Screening form (**pink form**). If the client received her first health coaching session on a date of service separate from the screening date, the first health coaching would be entered as below.

To enter the health coaching sessions, the provider **must** enter the date of service, length of time spent with the client, whether the interaction was via telephone or face-to-face and the topics that were covered in each health coaching session. The topics are new to the form this year is a requirement to enter any health coaching forms. Please mark all the topics that were discussed during health coaching.

RECORD OF PARTICIPATION						<a href="#">Clear Section</a>
Clients should be encouraged to participate in at least three (3) Health Coaching sessions. Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.						
Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)	
Health Coaching Individual (Session 1)	3/23/2016	30 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input checked="" type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 2)		Select Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 3)		Select Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching, Group, Face to Face		Select Length	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
COMMENTS						
Comments: <div style="border: 1px solid black; padding: 5px;">CLIENT WILL MAKE ATTEMPT TO EXERCISE 30 MINUTES THREE TIMES EACH WEEK. SODIUM INTAKE WAS ALSO DISCUSSED.</div>						
<input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="checkbox"/> Override						

There is a '**Comments**' box following the health coaching for the provider to enter any additional comments.

The clinic provider will then enter the date of the health coaching on the correct entry for the number of health coaching sessions the client received. Therefore, if the client has already received her first health coaching visit and the information for the second session will be entered on the second line.

The requirements for the health coaching sessions are the same for each session for the form to be submitted.

RECORD OF PARTICIPATION						<a href="#">Clear Section</a>
Clients should be encouraged to participate in at least three (3) Health Coaching sessions. Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.						
Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)	
Health Coaching Individual (Session 1)	<input type="text"/>	Select Length <input type="button" value="▼"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 2)	4/5/2016	15 minutes <input type="button" value="▼"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 3)	<input type="text"/>	Select Length <input type="button" value="▼"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching, Group, Face to Face	<input type="text"/>	Select Length <input type="button" value="▼"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
COMMENTS						
Comments: <div style="border: 1px solid black; padding: 5px;"><p>CLIENT HAS STARTED WALKING THREE DAYS A WEEK.</p></div>						
				<input type="button" value="Submit"/>	<input type="button" value="Cancel"/>	<input type="checkbox"/> Override

There is a 'Comments' box following the health coaching for the provider to enter any additional comments.

The third health coaching session would be entered on the third line. The same requirements to bill a health coaching session apply to each session. It is recommended that the provider enter in each health coaching session as they are completed to avoid any duplicate or missed billing.

RECORD OF PARTICIPATION						<a href="#">Clear Section</a>
Clients should be encouraged to participate in at least three (3) Health Coaching sessions. Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.						
Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)	
Health Coaching Individual (Session 1)	<input type="text"/>	Select Length ▾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 2)	<input type="text"/>	Select Length ▾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching Individual (Session 3)	5/10/2016	15 minutes ▾	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
Health Coaching, Group, Face to Face	<input type="text"/>	Select Length ▾	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation	
COMMENTS						
Comments: <div style="border: 1px solid black; padding: 5px;"> <b>CLIENT HAS STARTED INCORPORATING FRUITS AND VEGETABLES INTO HER DIET AND CONTINUES TO INCREASE HER EXERCISE TIME.</b> </div>						
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>						

There is a '**Comments**' box following the health coaching field for the provider to enter any additional comments.

If the client wishes to continue with more health coaching sessions once the three sessions and a Fourth Follow-Up Assessment have been completed, the clinic provider should just start over on the health coaching #1 line and complete as above.

## ENTERING A GREY FORM

The WISEWOMAN Diagnostic office visit (**grey form**) is entered into MOHSAIC directly from the paper form.

The clinic provider will enter the date the form is submitted and the date of service for the client. The provider will choose '**Diagnostic**' from the drop down '**Form Type**'.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HOW**

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE**

**▼SUBMIT NEW FORMS / BILLING** **►VIEW MEDICAID INFORMATION** **►VIEW MONTHLY ACTIVITY REPORT**

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**WISEWOMAN** Ver. - 73

Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794	
Date Form Received: 3/23/2016	MM/DD/YYYY		
Service Date: 3/23/2016	MM/DD/YYYY		
Form Type:	<input checked="" type="checkbox"/> Reporting Only for Entire Form		
Services:	<input checked="" type="checkbox"/> SCREENING <input checked="" type="checkbox"/> DIAGNOSTIC <input checked="" type="checkbox"/> BP MEDICAL FOLLOW-UP <input checked="" type="checkbox"/> EDUCATION <input checked="" type="checkbox"/> COMPLETION DATE		
DIAGNOSTIC OFFICE VISIT JUSTIFICATION	<input type="checkbox"/> Blood Pressure Control <input type="checkbox"/> Medication for Smoking Cessation		
HEALTH HISTORY			

The provider will then choose ‘Diagnostic Visit’ from the drop down menu on ‘Services’.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

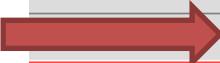
CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">▼VIEW MONTHLY ACTIVITY REPORT</a>	

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## WISEWOMAN DIAGNOSTIC FORM

Ver. - 73

Provider SAMII Number - Service Address	43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth:	7/8/1974	Social Security Number:	000-00-4444
Date Form Received:	3/23/2016	MM/DD/YYYY	
Service Date:	3/23/2016	MM/DD/YYYY	
Form Type:	DIAGNOSTIC	<input type="checkbox"/> Reporting Only for Entire Form	
Services:	Diagnostic Visit		



For diagnostic office visits, the provider must choose the visit justification. This can be one, two, three or all four of the justifications that are listed on the **grey form**. Please mark all that apply.

WISEWOMAN DIAGNOSTIC FORM		Ver. - 73
Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466	
Name (Last, First, Middle Initial)	DUCK, DAFFIE	
Maiden Name		
Date of Birth:	7/8/1974	Social Security Number: 000-00-4444
Date Form Received:	3/23/2016	MM/DD/YYYY
Service Date:	3/23/2016	MM/DD/YYYY
Form Type:	DIAGNOSTIC	<input type="checkbox"/> Reporting Only for Entire Form
Services:	Diagnostic Visit	
DIAGNOSTIC OFFICE VISIT JUSTIFICATION		
<input checked="" type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input checked="" type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation		

If the client is seen the same day as the screening for a diagnostic office visit, the clinic DOES NOT have to reenter any clinical measurements. If the diagnostic office visit is after the screening visit and the client is seen for blood pressure, two blood pressure measurements should be entered on the diagnostic form. Please see the WISEWOMAN Services section for specifics on repeat lab work.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000			
CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>	
Date Form Received: <input type="text" value="3/23/2016"/> MM/DD/YYYY	Service Date: <input type="text" value="3/23/2016"/> MM/DD/YYYY	Form Type: <input type="text" value="DIAGNOSTIC"/> <input type="checkbox"/> Reporting Only for Entire Form	Services: <input type="text" value="Diagnostic Visit"/> <input type="checkbox"/>
<b>DIAGNOSTIC OFFICE VISIT JUSTIFICATION</b>			
<input checked="" type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input checked="" type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation			
<b>CLINICAL MEASUREMENTS</b> <a href="#">Clear Section</a>			
BMI: <input type="text"/>	Height: <input type="text"/> ft. <input type="text"/> in.	Weight: <input type="text"/> lbs.	Waist Circumference: <input type="text"/>
BP 1st: <input type="text" value="140"/> / <input type="text" value="75"/>	BP 2nd: <input type="text" value="138"/> / <input type="text" value="74"/>	Average BP: <input type="text" value="139.0"/> / <input type="text" value="74.5"/>	Hip Circumference: <input type="text"/> Ratio: <input type="text"/>
Fasting Status (9-12 hrs) <input type="checkbox"/> Glucose Quant. <input type="text"/> <input type="checkbox"/> BG Strip <input type="text"/> <input type="checkbox"/> Lipid Panel <input type="text"/> Total Cholesterol <input type="text"/> <input type="checkbox"/> Triglycerides <input type="text"/>			
<b>MEDICAL FOLLOW-UP NOTES</b> <a href="#">Clear Section</a>			
Have the client's medications been addressed? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused Can the client obtain medications? <input checked="" type="radio"/> Yes <input type="radio"/> No Was the client given access to resources or were resources given? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused Was a treatment plan offered? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused If yes, which of the following was offered? <input type="radio"/> Health Coaching <input checked="" type="radio"/> BP Medical Follow-Up			

The ‘**Medical Follow-Up Notes**’ section of the form is to address questions regarding the diagnostic office visit. These questions must be addressed with the client at the time of the visit.

There is a section of the form for Alert Value Reporting if the client presents with an Alert Value at a diagnostic office visit. The same information must be recorded as was recorded for alert values on the screening form.

A screenshot of a software window titled "MEDICAL PROFESSIONAL NOTES". Below the title is a large, empty rectangular text area. A thick red arrow points upwards towards the top left corner of this text area. At the bottom of the window, there is a horizontal bar containing three buttons: "Submit" (in a black box), "Cancel" (in a grey box), and an "Override" checkbox followed by the word "Override".

The last box contains a 'Medical Professional Notes' section. This is for any additional information from the provider regarding the diagnostic office visit. An example would include any medications that were prescribed or treatment plans.

This form can also be used to report a lab only visit. The provider would enter the same information as above and the clinic would choose 'Lab Only' from the 'Services' drop down box. The lab values for the client would then be entered once the fasting status was chosen.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000			
<b>CLIENT</b>	<b>PROVIDER</b>	<b>FINANCIAL</b>	<b>ADMINISTRATIVE</b>
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>		<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>
<a href="#">Show Instructions</a> <h2>WISEWOMAN DIAGNOSTIC FORM</h2> <span style="float: right;">Ver. - 73</span>			
Provider SAMII Number - Service Address: 43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466			
Name (Last, First, Middle Initial): DUCK, DAFFIE			
Maiden Name:			
Date of Birth:	7/8/1974	Social Security Number:	000-00-4444
Medicaid DCN/Medicare Number:		64945794	
Date Form Received:	3/23/2016	MM/DD/YYYY	
Service Date:	3/23/2016	MM/DD/YYYY	
Form Type:	DIAGNOSTIC	<input type="checkbox"/> Reporting Only for Entire Form	
Services:	Lab Only		
<b>CLINICAL MEASUREMENTS</b> <span style="float: right;"><a href="#">Clear Section</a></span>			
BMI:	Height:	Weight:	Waist Circumference: Hip Circumference: Ratio:
ft. in.		lbs.	
BP 1st:	BP 2nd:	Average BP:	
/	/	/	
Fasting Status (9-12 hrs) <input checked="" type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> Glucose Quant. 120	<input type="checkbox"/> BG Strip 120	<input type="checkbox"/> A1C 57	
<input checked="" type="checkbox"/> Lipid Panel 120	<input type="checkbox"/> Total Cholesterol 120	<input type="checkbox"/> HDL 57	LDL 89
			Triglycerides 120

Please note that only one (1) A1C and one (1) fasting lipid panel can be reimbursed per grant cycle.

## ENTERING A GOLD FORM

The WISEWOMAN Blood Pressure Medical Follow-Up form (**gold form**) is entered into MOHSAIC directly from the paper form.

The clinic provider will enter the date the form is submitted and the date of service for the client. The provider will choose '**BP Medical Follow-Up**' from the drop down menu on '**Form Type**'.

State of Missouri  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES** **SHOW ME HOW**

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE**

**▼SUBMIT NEW FORMS / BILLING** **►VIEW MEDICAID INFORMATION** **►VIEW MONTHLY ACTIVITY REPORT**

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**WISEWOMAN** Ver. - 73

Provider SAMII Number - Service Address	43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466	
Name (Last, First, Middle Initial)	DUCK, DAFFIE	
Maiden Name		
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794
Date Form Received:	3/23/2016 MM/DD/YYYY	
Service Date:	3/23/2016 MM/DD/YYYY	
Form Type:	SCREENING <input type="checkbox"/> Reporting Only for Entire Form	
Services:	DIAGNOSTIC <input type="checkbox"/> BP MEDICAL FOLLOW-UP <input checked="" type="checkbox"/> EDUCATION <input type="checkbox"/> COMPLETION DATE <input type="checkbox"/>	
DIAGNOSTIC OFFICE VISIT JUSTIFICATION		
<input type="checkbox"/> Blood Pressure Control <input type="checkbox"/> Medication for Smoking Cessation		
HEALTH HISTORY		
PREGNANCY		
LABORATORY		
IMMUNIZATIONS		
DISPENSED MEDICATION		
REFERRAL		
NOTES		
SIGNATURE		

A large red oval highlights the 'Form Type' dropdown menu, which is currently set to 'BP MEDICAL FOLLOW-UP'. The 'Reporting Only for Entire Form' checkbox is also highlighted with a red box.

The provider will then choose whether this is the client's First, Second or Third Blood Pressure Medical Follow-Up from the 'Services' drop down box.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT**

**PROVIDER**

**FINANCIAL**

**ADMINISTRATIVE**

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## WISEWOMAN BP MEDICAL FOLLOW-UP FORM

Ver. - 73

Provider SAMII Number - 43601779101 – SHANNON COUNTY HEALTH DEPARTMENT  
Service Address 110 GREY JONES, EMINENCE, MO 65466

Name (Last, First, Middle Initial) DUCK, DAFFIE

Maiden Name

Date of Birth: 7/8/1974

Social Security Number: 000-00-4444

Medicaid DCN/Medicare Number: 64945794

Date Form Received: 3/23/2016 MM/DD/YYYY

Service Date: 3/23/2016 MM/DD/YYYY

Form Type: BP MEDICAL FOLLOW-UP  Reporting Only for Entire Form

Services:  
MEDICAL F  
BP 1  
FIRST  
SECOND  
THIRD

[Clear Section](#)

2nd

Please be sure to choose the correct number for the Blood Pressure Medical Follow-Up. This will prevent any confusion with reimbursement as the client can only receive three Blood Pressure Medical Follow-Ups in a grant cycle.

The Blood Pressure Medical Follow-Ups **must** be conducted face-to-face as discussed in the WISEWOMAN Services section of the manual. The provider must fill in each section of the Blood Pressure Medical Follow-Up as appropriate.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000			
<b>CLIENT</b>	<b>PROVIDER</b>	<b>FINANCIAL</b>	<b>ADMINISTRATIVE</b>
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>	
<b>WISEWOMAN BP MEDICAL FOLLOW-UP FORM</b> Ver. - 73			
Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794	
Date Form Received: 3/23/2016	MM/DD/YYYY		
Service Date: 3/23/2016	MM/DD/YYYY		
Form Type: BP MEDICAL FOLLOW-UP	<input type="checkbox"/> Reporting Only for Entire Form		
Services: FIRST			
<b>FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP</b> <a href="#">Clear Section</a>			
BP 1st	BP 2nd		
130 / 85	128 / 78		
Is the client compliant with medications/treatment plan?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
Were BP medications prescribed or adjusted?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Client Refused
Can the client obtain BP medications?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
Was the client given access to resources or were resources given?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
Is the client self-monitoring BP?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Treatment Plan:	Information Discussed with Client:		
<input type="radio"/> Health Coaching	<input checked="" type="checkbox"/> Health Eating	<input type="checkbox"/> Physical Activity	
<input checked="" type="radio"/> Blood Pressure Medical Follow-Up	<input checked="" type="checkbox"/> Sodium Reduction	<input type="checkbox"/> Smoking Cessation	
<input type="radio"/> Client Refused	<input type="checkbox"/> Weight Loss		
<b>COMMENTS</b>			
CLIENT ON LISINOPRIL 10 MG DAILY. WILL CONTINUE AND FOLLOW UP IN TWO WEEKS FOR BLOOD PRESSURE CHECK.			



There is a section for '**Comments**' at the bottom of the form. This can be utilized for medical provider notes from the Blood Pressure Medical Follow-Up visits.

## ENTERING A TAN FORM (4<sup>TH</sup> FOLLOW-UP ASSESSMENT)

The Fourth Follow-Up Assessment is completed 4-6 weeks following the completion of three health coaching sessions. This form is filled out on the WISEWOMAN Assessment form (**tan form**) and entered in MOHSAIC directly from the form.

The clinic provider will enter the date that the form was submitted in MOHSAIC and the date of service for the client. Under '**Form Type**', the provider will choose '**'SCREENING'**' from the drop down menu.

State of Missouri  
DEPARTMENT OF HEALTH AND SENIOR SERVICES SHOW ME HE

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

**CLIENT** **PROVIDER** **FINANCIAL** **ADMINISTRATIVE**

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**WISEWOMAN** Ver. - 73

Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466	
Name (Last, First, Middle Initial)	DUCK, DAFFIE	
Maiden Name		
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794
Date Form Received:	3/23/2016 MM/DD/YYYY	
Service Date:	3/23/2016 MM/DD/YYYY	
Form Type:	<input checked="" type="checkbox"/> SCREENING <input type="checkbox"/> Reporting Only for Entire Form	
Services:	<input type="checkbox"/> DIAGNOSTIC <input type="checkbox"/> BP MEDICAL FOLLOW-UP <input type="checkbox"/> EDUCATION <input type="checkbox"/> COMPLETION DATE	
DIAGNOSTIC OFFICE VISIT JUSTIFICATION	<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Medication for Smoking Cessation	
HEALTH HISTORY	<input type="checkbox"/> Clear Section	

A large red oval highlights the 'Form Type' dropdown menu, which is currently set to 'SCREENING'. The 'Reporting Only for Entire Form' checkbox is also visible next to it.

In the drop down menu from the 'Services' the provider will chose 'Follow-Up Assessment, Non-Integrated'.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000			
<b>CLIENT</b>	<b>PROVIDER</b>	<b>FINANCIAL</b>	<b>ADMINISTRATIVE</b>
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>	
<a href="#">Show Instructions</a>			
<b>WISEWOMAN SCREENING FORM</b>			
Ver. - 73			
Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth: 7/8/1974	Social Security Number: 000-00-4444	Medicaid DCN/Medicare Number: 64945794	
Date Form Received:	3/23/2016 MM/DD/YYYY		
Service Date:	3/23/2016 MM/DD/YYYY		
Form Type:	SCREENING	<input type="checkbox"/> Reporting Only for Entire Form	
Services:	<b>Initial WISEWOMAN Screening, Integrated</b> Initial WISEWOMAN Screening, Non-integrated Annual WISEWOMAN Screening, Integrated Annual WISEWOMAN Screening, Non-integrated Follow-up Assessment, Non-integrated Reporting Only		
<a href="#">Clear Section</a>			
<input type="radio"/> No <input type="radio"/> Don't know/not sure <input type="radio"/> No <input type="radio"/> Don't know/not sure			

The provider will then fill in the client's answers to the assessment questions as the client has answered them. This form can be completed with the client face-to-face or via the telephone. Once all the questions have been answered, the provider can submit the form to the MOHSAC system.

HEALTH HISTORY			<a href="#">Clear Section</a>	
1. Do you have high cholesterol?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
<b>If No, skip to question 2.</b>				
a. Do you take medication to lower your cholesterol?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Don't know/not sure	
b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?	<input type="text" value="7"/> Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure	
2. Do you have hypertension (high blood pressure)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Don't know/not sure	
<b>If you answered No, skip to question 3.</b>				
a. Do you take medication to lower your blood pressure?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?	<input type="text" value="7"/> Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure	
c. Do you measure your blood pressure at home or using other calibrated sources or other places in the community?	<input type="radio"/> Yes (Skip to d)	<input type="radio"/> No (check reason)		
<input type="radio"/> I was never told to measure my blood pressure	<input type="radio"/> I don't know how to measure my blood pressure			
<input type="radio"/> I don't have equipment to measure my blood pressure				
i. How often do you measure your blood pressure at home or use other calibrated sources or other places in the community?	<input type="radio"/> Multiple times per day	<input type="radio"/> Daily	<input type="radio"/> A few times per week	<input type="radio"/> Weekly
<input type="radio"/> Monthly	<input type="radio"/> Other (Don't Measure)	<input type="radio"/> Don't know/not sure		
ii. Do you regularly share blood pressure readings with your health care provider for feedback?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
3. Do you have diabetes? (either Type 1 or Type 2)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
<b>If No, skip to question 4.</b>				
a. Do you take medication to lower your blood sugar (for diabetes)?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure	
b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?	<input type="text" value="7"/> Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure	
4. Have you been diagnosed by a healthcare provider as having any of these conditions: coronary heart disease/ chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Don't know/not sure	

All questions must be answered in the Health History, Health Habits and Readiness to Change Habits sections of the WISEWOMAN Assessment form (**tan form**).

HEALTH HABITS		<a href="#">Clear Section</a>			
1. How many fruits do you eat in an average day?	<input type="text" value="5"/>	Number of Cup(s) <input type="checkbox"/> None			
2. How many vegetables do you eat in an average day?	<input type="text" value="3"/>	Number of Cup(s) <input type="checkbox"/> None			
3. Do you eat two (2) servings or more of fish weekly?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
4. Do you eat three (3) ounces or more of whole grains daily?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
5. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
6. Are you currently watching or reducing your sodium or salt intake?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
7. Physical Activity					
a. How much moderate physical activity do you get in a week?	<input type="text" value="100"/>	Number of Minute(s) <input type="checkbox"/> None			
b. How much vigorous physical activity do you get in a week?	<input type="text" value="30"/>	Number of Minute(s) <input type="checkbox"/> None			
3. Tobacco Products					
a. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)	<input type="radio"/> Current Smoker <input type="radio"/> Quit(1-12 months ago) <input type="radio"/> Quit(More than 12 months ago) <input checked="" type="radio"/> Never smoked				
b. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?	<input type="text"/>	Number of Hour(s) <input checked="" type="checkbox"/> None			
9. Overall Wellness					
a. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good?	<input type="text" value="1"/>	Number of Day(s) <input type="checkbox"/> Don't know/not sure			
b. Thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?	<input type="text" value="2"/>	Number of Day(s) <input type="checkbox"/> Don't know/not sure			
c. During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	<input type="text" value="0"/>	Number of Day(s) <input type="checkbox"/> Don't know/not sure			
READINESS TO CHANGE HABITS			<a href="#">Clear Section</a>		
Check the one box by each of the following three statements that best describes your behavior today.	I have little to no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.
1. Eat more fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> (or never smoked)
3. Increase physical activity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

In MOHSAIC, there is a '**Clinical Measurements**' box for height, weight and blood pressure. If the client fills out the Fourth Follow-Up Assessment face-to-face and the provider is able to obtain the client's height, weight and two blood pressure measurements, this can be documented in the '**Clinical Measurements**' Section. This is **NOT** a mandatory field.

**CLINICAL MEASUREMENTS** [Clear Section](#)

BMI:	Height:	Weight:	Waist Circumference:	
	ft. <input type="button" value="in."/>	lbs.	Hip Circumference:	<input type="button" value="Ratio:"/>
BP 1st: <input type="button" value=" "/> / <input type="button" value=" "/>	BP 2nd: <input type="button" value=" "/> / <input type="button" value=" "/>	Average BP: <input type="button" value=" "/> / <input type="button" value=" "/>		
Fasting Status (9-12 hrs) <input type="radio"/> Yes <input type="radio"/> No				
<input type="checkbox"/> Glucose Quant: <input type="button" value=" "/>	<input type="checkbox"/> BG Strip: <input type="button" value=" "/>	<input type="checkbox"/> A1C: <input type="button" value=" "/>		
<input type="checkbox"/> Lipid Panel: <input type="button" value=" "/>	<input type="checkbox"/> Total Cholesterol: <input type="button" value=" "/>	<input type="checkbox"/> HDL: <input type="button" value=" "/>	LDL: <input type="button" value=" "/>	Triglycerides: <input type="button" value=" "/>

A red arrow points to the BMI input field.

If clinical measurements are entered, the lab section is disabled as we are not able to reimburse for a second set of lab work in a grant cycle.

**COMMENTS**

Comments:

A red arrow points to the comments input area.

**Submit** **Cancel**  Override

There is also a '**Comments**' section at the bottom of the '**Clinical Measurements**' section. This can be used for the provider to document any comments regarding the client's status at the time of the Fourth Follow-Up Assessment. Once the form is submitted the health coaching is complete unless the client wishes to continue.

## ENTERING A FORM AS 'REPORTING ONLY'

The 'Reporting Only' option on the 'Form Type' is used to report information to the WISEWOMAN Program on a client. When information is marked with 'Reporting Only' in the 'Services' or the box that reads 'Reporting Only on Entire Form' is marked, this indicates that this information is to be reported to the WISEWOMAN Staff but does not generate any reimbursement to the provider's facility.

State of Missouri  
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Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
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### WISEWOMAN SCREENING FORM

Ver. - 73

Provider SAMII Number - Service Address	43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth:	7/8/1974	Social Security Number:	000-00-4444
Date Form Received:	3/23/2016	MM/DD/YYYY	Medicaid DCN/Medicare Number: 64945794
Service Date:	3/23/2016	MM/DD/YYYY	
Form Type:	SCREENING	<input type="checkbox"/> Reporting Only for Entire Form	
Services:	Initial WISEWOMAN Screening, Integrated Initial WISEWOMAN Screening, Non-integrated Annual WISEWOMAN Screening, Integrated Annual WISEWOMAN Screening, Non-integrated Follow-up Assessment, Non-integrated <b>Reporting Only</b>		
HEALTH HISTORY	<input type="radio"/> No <input type="radio"/> Don't know/not sure <input type="radio"/> No <input type="radio"/> Don't know/not sure		

**Reporting Only**

**Clear Section**

**Red Arrow pointing to the 'Reporting Only' service selection.**

The WISEWOMAN Screening form (**pink form**) and the WISEWOMAN Diagnostic form (**grey form**) have the option to choose '**Reporting Only**' in the '**Services**' drop down box.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

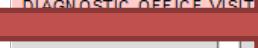
CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>	

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## WISEWOMAN DIAGNOSTIC FORM

Ver. - 73

Provider SAMII Number - Service Address	43601779101 - SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth:	7/8/1974	Social Security Number:	000-00-4444
Date Form Received:	3/23/2016	MM/DD/YYYY	
Service Date:	3/23/2016	MM/DD/YYYY	
Form Type:	DIAGNOSTIC	<input type="checkbox"/> Reporting Only for Entire Form	
Services:	Diagnostic Visit		
DIAGNOSTIC OFFICE VISIT JUSTIFICATION			
<b>Reporting Only</b>			



All forms have the option to choose the ‘**Reporting Only for Entire Form**’ box. This would mean the provider’s facility is providing us information from another facility, information that was submitted after a grant cycle has ended but the client is still receiving services, or if the clinic provider is waiting on an amendment to increase funds but wishes to bill for services prior to the funds being loaded.

Current Client: DUCK, DAFFIE 456 FIRST ST ST LOUIS, MO 63108 (314) 000-0000

CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
<a href="#">▼SUBMIT NEW FORMS / BILLING</a>	<a href="#">►VIEW MEDICAID INFORMATION</a>	<a href="#">►VIEW MONTHLY ACTIVITY REPORT</a>	
<a href="#">Show Instructions</a>			
<b>WISEWOMAN SCREENING FORM</b>			
Ver. - 73			
Provider SAMII Number - Service Address	43601779101 – SHANNON COUNTY HEALTH DEPARTMENT 110 GREY JONES, EMINENCE, MO 65466		
Name (Last, First, Middle Initial)	DUCK, DAFFIE		
Maiden Name			
Date of Birth:	7/8/1974	Social Security Number:	000-00-4444
Date Form Received:	3/23/2016 MM/DD/YYYY		
Service Date:	3/23/2016 MM/DD/YYYY		
Form Type:	SCREENING <input checked="" type="checkbox"/> Reporting Only for Entire Form		
Services:	Initial WISEWOMAN Screening, Integrated		

Please indicate in the ‘**Comments**’ section of the form why the form is being entered in as ‘**Reporting Only**’. For example: ‘Please pay when funds become available’ or ‘Information was obtained from an outside facility.’



COMMENTS
Comments: FORM IS ENTERED AS REPORTING ONLY. PLEASE PAY WHEN FUNDS AVAILABLE.
<input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="checkbox"/> Override

Please note any forms that are submitted as ‘**Reporting Only**’ will have a \$0.00 reimbursement and funds will not be paid to the clinic provider for the service. Please see WISEWOMAN Services Section for more information on ‘**Reporting Only**’ forms.

# WISEWOMAN TOOLS AND RESOURCES

The following pages contain resources needed for the WISEWOMAN program. Direct questions to staff listed on the contact page in the next section.



## WISEWOMAN Service Summary

<b>Initial and Annual Screening:</b> (at same office visit as SMHW screening)	<ul style="list-style-type: none"><li><input type="checkbox"/> Participant signs joint agreement to participate in both SMHW and WISEWOMAN services.</li><li><input type="checkbox"/> Participant completes or reviews Patient history form (green form).</li><li><input type="checkbox"/> Participant completes WISEWOMAN Assessment form (tan form-front and back).</li></ul> <p><b>Clinical Requirements:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Height and weight for body mass index (BMI).</li><li><input type="checkbox"/> Two blood pressure measurements. Recorded and Averaged.</li><li><input type="checkbox"/> Waist/Hip Circumference (optional but recommended)</li><li><input type="checkbox"/> Lab work:<ul style="list-style-type: none"><li>♥ Fasting Lipid Panel or Total Cholesterol and HDL (if-non fasting)</li><li>♥ Blood Glucose Screening (BG Quantitative, BG regent strip or A1C)- blood glucose must be fasting.</li></ul></li></ul> <p><b>Assessments and Referrals</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Evaluate screening results (including lab results when available).</li><li><input type="checkbox"/> Assess and document clearance for physical activity.</li><li><input type="checkbox"/> Schedule client for follow-up as needed: fasting lab work, diagnostic office visit and/or case management (alert values only).</li><li><input type="checkbox"/> Ensure alert value screening results receive medical evaluation <b>within 7 days</b>.</li><li><input type="checkbox"/> Document scheduled or completed medical evaluation in Section B of the WISEWOMAN screening form. If evaluation not completed within 7 days, note the justification code in comments or contact Education Coordinator.</li></ul>
<b>Risk reduction counseling</b> (completed during screening office visit or LSP if lab results not available on screening date)	<ul style="list-style-type: none"><li><input type="checkbox"/> Provide screening results to client both verbally and in writing.</li><li><input type="checkbox"/> Explain identified risk factors and recommendations to reduce risk.</li><li><input type="checkbox"/> Refer client to LSP either on site or at referral agency.</li><li><input type="checkbox"/> If client smokes, refer to Tobacco Quitline as appropriate.</li><li><input type="checkbox"/> Refer client to available community resources to support healthy lifestyle habits.</li><li><input type="checkbox"/> If client refuses LSP or medical referral, note this in comments on the screening form. Ask for participant's permission to contact in 30-60 days to assess readiness for change.</li></ul>
<b>Lab only</b> (only if indicated)	<ul style="list-style-type: none"><li><input type="checkbox"/> Draw fasting blood for lab work, if 1<sup>st</sup> labs were non-fasting and abnormal or 2<sup>nd</sup> lab work is needed for diagnosis and/or treatment. Repeat labs must be fasting and drawn on a different day.</li><li><input type="checkbox"/> Schedule lab work so results are known at diagnostic visit, if feasible.</li></ul>
<b>Diagnostic office visit, 30-minute office visit</b> (only if indicated by abnormal blood pressure, cholesterol, blood glucose results and/or smoking cessation assistance)	<ul style="list-style-type: none"><li><input type="checkbox"/> Evaluate client's risk factors and provide diagnosis and treatment recommendations, if applicable.</li><li><input type="checkbox"/> Prescribe medication, if applicable.</li><li><input type="checkbox"/> Assist client with access to low-cost or free medications.</li><li><input type="checkbox"/> Measure blood pressure to verify elevated readings on initial visit.</li><li><input type="checkbox"/> Schedule or confirm scheduled LSP.</li><li><input type="checkbox"/> Document results and referrals on Section C of the screening form.</li></ul>
<b>LSP</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Provide LSP based on client's risk factor(s) and readiness to change.</li><li><input type="checkbox"/> Link client to community resources to support healthy habits.</li><li><input type="checkbox"/> An assessment form must be completed as part of the follow-up to health coaching.</li></ul>

## RISK REDUCTION COUNSELING SAMPLE CONVERSATION

As a risk reduction counselor, review the completed assessment form for client history of high blood pressure, high cholesterol, diabetes, cardiovascular disease, health habits and readiness to change. Have the screening results ready to provide to the client. Utilize the elicit-provide-elicit cycle. Always ask permission before giving information.

### RISK REDUCTION CONVERSATION

- ♥ Please tell me what you already know about your risk factors for heart disease and stroke.
- ♥ Today's screening will help you identify your risks at this time. Let's review the results of your screening.
  - Present results verbally and in writing. Determine date and time to complete risk counseling if lab results are not available)
- ♥ If it is OK with you, I would like to explain a little more about your results.
  - Discuss clients' risk factors, influencing factors (diet, physical activity, and smoking).
- ♥ What do these results mean to you?
  - Other options: What do you make of these results? So where does this leave you? What would you like to do next?
- ♥ If it is OK with you, I would like to share with you some resources available to you to assist in lowering your risk of heart disease and stroke.
  - Explain LSP options, medical referrals, blood pressure medical follow-up.
- ♥ On a scale of 0-10, with 0 being not willing and 10 being very willing, how willing are you to participate in: lifestyle program, medical referral, blood pressure medical follow-up?
- ♥ Why did you pick a \_\_\_\_\_ instead of a lower number? What would help you to move to a higher number?
- ♥ I would like to share what has worked for other clients, if this is OK with you?
  - Discuss Examples, Pros and Cons of Change
  - Discuss resources for transportation, community resources
- ♥ If you are willing, I would like to go ahead and schedule \_\_\_\_\_.  
If not ready for LSP, may I call you in about a month to see if you are ready at that point?

## MEDICATION ACCESS

WISEWOMAN funds cannot be used for prescription medications. Although WISEWOMAN cannot fund medications, providers are required to have a system in place to assist women in receiving treatment, including medications, recommended by national guidelines. The following table provides resources for discounted or free medications.

**NOTE:**

Providers are encouraged to contact any major retail chain pharmacies in their area for information on low-cost generic medications.

Resource	Description	Contact Information
Missouri RX Plan (MoRx)	MoRx is Missouri's State Pharmacy Assistance Program. MoRx was created by the 93rd General Assembly to provide prescription drug assistance to Missourians in need by coordinating benefits with Medicare's (Part D) Prescription Drug Program.	<a href="http://www.morx.mo.gov">www.morx.mo.gov</a>
340B Drug Discount Program	A program of the Health Resources and Services Administration that gives certain federally funded grantees access to low-cost pharmaceutical drugs.	<a href="http://www.hrsa.gov/opa/index.html">www.hrsa.gov/opa/index.html</a>
Partnership for Prescription Assistance	The partnership includes pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help with access to free or low-cost medications.	<a href="http://www.pparx.org/en/prescription_assistance_programs">www.pparx.org/en/prescription_assistance_programs</a>
Rx Assist	A web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medications.	<a href="http://www.rxassist.org/">www.rxassist.org/</a>
Rx Hope	A free program that helps physicians' offices apply for, obtain, and track requests for no-cost medications offered by federal, state, and charitable organizations.	<a href="http://www.rxhope.com/">www.rxhope.com/</a>
The Medicine Program	A program that helps clients apply to pharmaceutical companies' indigent patient programs.	<a href="http://www.freemedicineprogram.org/">www.freemedicineprogram.org/</a>
Federal Trade Commission (FTC)	FTC provides useful consumer information regarding prescription savings programs and generic drugs.	<a href="http://www.consumer.ftc.gov/articles/0063-generic-drugs-and-low-cost-prescriptions">www.consumer.ftc.gov/articles/0063-generic-drugs-and-low-cost-prescriptions</a>
NeedyMeds	NeedyMeds keeps up-to-date information from pharmaceutical companies on patient assistance programs.	<a href="http://www.needymeds.org/">www.needymeds.org/</a>

Links are provided solely as a service and do not constitute endorsements of these organizations or their programs.

## SCREENING STANDARDS

	Blood Pressure	Systolic (mmHg)		Diastolic
Blood Pressure American Heart Association	Normal	<120	and	<80
	Pre-Hypertension	120-139	or	80-89
	Stage 1 Hypertension	140-159	or	90-99
	Stage 2 Hypertension	≥160	or	≥100
	ALERT	>180	or	110

		Optimal	Near Optimal/Above Optimal	Borderline High	High	Very High
Blood Cholesterol APT III -- National Cholesterol Education Program, NIH	LDL Cholesterol - Primary Target of Therapy	<100	100-129	130-159	160-189	≥190
	Total Cholesterol	<200 (desirable)		200-239	≥240	
	HDL Cholesterol	≥60 (high)			<40 (low)	

		Normal mg/dl	Predabetes mg/dl	Diabetes mg/dl
Glucose American Diabetes Association	Fasting Plasma Glucose (FPG)	<100	100-125	≥126
	A1C	<5.7%	5.7%-6.4%	≥6.5%
	<b>ALERT: ≤50 or ≥250 mg/dl</b>			

**NOTE:**

Alert measures determined by Centers for Disease Control and Prevention (CDC) and require follow-up services and documentation within 7 days. There are no alert values for Cholesterol or A1C.

## Body Mass Index Table

		Body Mass Index Table																																								
Normal							Overweight					Obese							Extreme Obesity																							
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54						
<b>Height (inches)</b>							<b>Body Weight (pounds)</b>																																			
58							91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59							94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60							97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61							100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62							104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63							107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64							110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65							114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66							118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67							121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68							125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69							128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70							132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71							136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72							140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73							144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74							148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75							152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76							156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

S

- **SPECIFIC**
- Define the goal as much as possible with no unclear language
- **WHO** is involved, **WHAT** do I want to accomplish, **WHERE** will it be done, **WHY** am I doing this - reasons, purpose, **WHICH** constraints and/or requirements do I have?

M

- **MEASURABLE**
- Can you track the progress and measure the outcome?
- How much, how many, how will I know when my goal is accomplished?

A

- **ATTAINABLE/ACHIEVABLE**
- Is the goal reasonable enough to be accomplished? How so?
- Make sure the goal is not out of reach or below standard performance

R

- **RELEVANT**
- Is the goal worthwhile and will it meet your needs?
- Is each goal consistent with the other goals you have established and fits with your immediate and long term plans?

T

- **TIMELY**
- Your objective should include a time limit. Ex: I will complete this step by month/day/year.
- It will establish a sense of urgency and prompt you to have better time management.

## GOAL TRACKING LOG - HEALTHY EATING

Circle the number of servings you eat each day.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Fruits</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Vegetables</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Fruits</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Vegetables</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Fruits</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Vegetables</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Fruits</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
<b>Vegetables</b> My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+

## GOAL TRACKING LOG - PHYSICAL ACTIVITY

Record the number of minutes of moderate physical activity.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>My Goal:</b> ____ min/day							
<b>My Goal:</b> ____ min/day							
<b>My Goal:</b> ____ min/day							
<b>My Goal:</b> ____ min/day							
<b>My Goal:</b> ____ min/day							
<b>My Goal:</b> ____ min/day							
<b>My Goal:</b> ____ min/day							

## 117 HEALTHY COPING SKILLS

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1. Practice deep breathing - in through your nose, out through your mouth
2. Do a puzzle
3. Draw, paint or color
4. Listen to uplifting or inspirational music
5. Blow bubbles
6. Squeeze an ice cube tightly
7. Go to the library
8. Visit the animal shelter
9. Pet your cat or dog
10. Clean or organize a space
11. Make your bed
12. Play a game on the computer
13. Turn on all the lights
14. Sit in the sun and close your eyes
15. Throw rocks into the woods
16. Suck on a peppermint
17. Chew gum
18. Sip a cup of hot chocolate or tea
19. Compliment someone
20. Read
21. Listen to inspirational tapes
22. Practice a relaxation exercise
23. Jump up and down
24. Write yourself a nice note and carry it in your pocket
25. Play solitaire
26. Do the dishes
27. Go for a brisk 10 minute walk
28. Dance to music
29. Call a friend
30. Invite a friend over
31. Organize your CD's
32. Write positive affirmations on note cards & decorate
33. Go outside and listen to nature
34. Rearrange your bedroom
35. Work in the garden or flower bed
36. Plant a flower in pot
37. Sew, knit, crochet
38. Do yoga
39. Watch a funny or inspirational movie
40. Make a collage with pictures of your favorite things

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41. Make a collage showing a positive future
42. Journal
43. Write a poem
44. Paint your nails (not red or black)
45. Make a gratitude list
46. Scream into a pillow
47. Swim, run, jog, bike
48. Jump rope
49. Smell a flower & touch the petals
50. Play a musical instrument
51. Do a good deed
52. Shoot hoops
53. Sing your favorite song out loud
54. Count backwards from 500
55. Brush your hair 100x
56. Squeeze a stress ball
57. Use some good smelling lotion
58. Think of 3 foods for every letter of the alphabet without skipping any
59. Write down how your feeling & why, read 1x & put it away
60. Visualization - close your eyes and imagine yourself in a beautiful place - how does it smell, what do you see, what do you hear, what do you feel...
61. Write something positive about yourself for every letter of the alphabet - decorate it & hang it where you will see it every day
62. Slowly eat one piece of your favorite candy
63. Write a letter to someone
64. Do extra credit homework
65. Volunteer
66. Offer to walk a neighbor's dog
67. Find a safe, quiet place to sit & stay there until you know you can be safe
68. Look at pictures in a nature magazine
69. Write a fairy tale
70. Draw a cheerful picture outside with sidewalk chalk
71. Pray
72. Recite the serenity prayer
73. Print your favorite Bible verse on a card & memorize it
74. Decorate your locker
75. Decorate your mirror with positive affirmations and your favorite photos
76. Do a crossword, seek & find, or sudoko puzzle
77. Visit an inspirational website (try [www.values.com](http://www.values.com))
78. Write a thank you note to your best friend
79. Call a hotline
80. Put on your favorite outfit
81. Do your makeup
82. Read the comics

Brought to you by [www.Teen-Beauty-Tips.com](http://www.Teen-Beauty-Tips.com)

83. Draw a cartoon
84. String a necklace
85. Make friendship bracelets & give one to someone who looks lonely
86. Slowly sip a glass of cold water
87. Go on a walk & take photos of flowers on a cellphone or digital camera - challenge yourself to find 15 different kinds
88. Bite your pillow as hard as you can
89. Talk to a stuffed animal
90. Clean 1 room of your house
91. Ask a friend to meet you at the park
92. Wash & style your hair
93. Go to McDonalds & order a ice cream cone off the dollar menu
94. Wash & style your hair
95. Buy or check out a fun magazine & read it front-to-back
96. Window shop
97. Shred blank sheets of paper
98. Talk into a tape recorder
99. Play a board game with a friend or sibling
100. Throw a foam ball at an empty wall
101. Stare at a picture - notice all the details & create a story using those elements
102. Play hacky sack
103. Draw random designs & color them in
104. Turn your designs into cards
105. Go to the movies
106. Go to the mall & people watch
107. Write a list of compliments about a friend or teacher & give it to them
108. Make & decorate a foam or paper frame for your favorite photo
109. Write an inspirational quote on your mirror with an eyeliner pencil
110. Read a joke book
111. Pick out 5 of your favorite jokes & tell them to 3 friends
112. Play with silly putty or modeling clay
113. Make an inspirational banner for your room
114. Blog
115. Write poetry
116. Submit your best piece of poetry to this website
117. Think of 10 more coping skills to add to this list

Print this list - decorate it & hang it where you can see it. These are just suggestions - you may find some that you really like or some that don't help at all! Try enough of them until you have a list of at least 10-15 solid coping skills that you can turn to in times of crisis! Then do them even if you don't want to! Stay safe!!

~Natasha

*Brought to you by [www.Teen-Beauty-Tips.com](http://www.Teen-Beauty-Tips.com)*

## DIABETES PREVENTION

Prevent Diabetes **STAT**

### (Screen/Test/Act Today)

Prediabetes is a health condition characterized by blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes. Prediabetes increases the risk for Type 2 Diabetes, heart disease and stroke. Prediabetes is treatable, but only about ten (10) percent of people who have it are aware that they do. Left untreated up one third of people with prediabetes will progress to diabetes within five (5) years. The AMA (American Medical Association) and the CDC are promoting these diabetes prevention programs because they are one of the most effective ways to help physicians prevent or delay Type 2 Diabetes in high risk patients. Diabetes prevention programs that are part of the National Diabetes Prevention Programs use lifestyle change interventions that target improving diet, increasing physical activity, and achieving moderate weight loss. The program uses the following guide tools to implement the prevention of diabetes:

- ♥ Engage Clinicians
- ♥ Engage Patients
- ♥ Incorporate screening, testing and referral into practice
- ♥ Connect your clinic with diabetes prevention programs

For more information, visit the following websites:

- ♥ [AMA Diabetes Prevention Initiative- www.preventdiabetesstat.org](http://www.preventdiabetesstat.org)
- ♥ [CDC National Diabetes Prevention Program- www.cdc.gov/diabetes/prevention.org](http://www.cdc.gov/diabetes/prevention.org)
- ♥ [National Diabetes Education Program- www.ndep.nih.gov/am-i-at-risk/](http://www.ndep.nih.gov/am-i-at-risk/)

TO FIND A PROGRAM, VISIT THE FOLLOWING WEBSITE:

National Diabetes Prevention Program (<http://www.cdc.gov/diabetes/prevention/>)



## TOOLS FOR A HEALTHY LIFESTYLE FROM THE AMERICAN HEART ASSOCIATION



and <http://powertoendstroke.org>.

The links and resources on the American Heart Association's website contain helpful hints and information about healthy eating, being physically active, and smoking cessation. For additional resources, refer participants with Internet access to <http://mylifecheck.heart.org>, [www.heart.org](http://www.heart.org)

My Life Check is a quick and easy way to assess your heart health. Using a scale of 1-10, you can see what your current heart health is and what areas you need to work on to improve your score. Below are "The Simple 7" Heart Health Factors that can help you live a long and productive healthy life. Participants receive a personal heart score and life plan. Results include a personalized action plan customized to the participant's lifestyle and health outlook.

- ♥ Get Active
- ♥ Control Cholesterol
- ♥ Eat Better
- ♥ Manage Blood Pressure
- ♥ Lose Weight
- ♥ Reduce Blood Sugar
- ♥ Stop Smoking

The graphic features a smiling family of four (two adults and two children) in the background. In the foreground, the title "The Simple 7" is displayed in large red text. Below the title, the "Heart Health Factors" are listed with corresponding icons:

Heart Health Factor	Icon
Get Active	Running shoes icon
Control Cholesterol	Heart icon
Eat Better	Fruit and vegetable icon
Manage Blood Pressure	Stethoscope icon
Lose Weight	Scale icon
Reduce Blood Sugar	Glucose meter icon
Stop Smoking	Cigarette icon



The banner features the "Million Hearts®" logo with a red heart outline. To the right, the text reads "Working to prevent 20,000 heart attacks and strokes in Missouri by 2017". Below the text are logos for the American Heart Association, American Stroke Association, Missouri Department of Health and Senior Services (DHSS), Missouri Pharmacy Association (MPA), Missouri Primary Care Association (MPCA), and PRIMARIS.

**American Heart Association** | **American Stroke Association**

MISSOURI DEPARTMENT OF  
**dhss**  
HEALTH AND SENIOR SERVICES

**MPA**  
MISSOURI PHARMACY ASSOCIATION

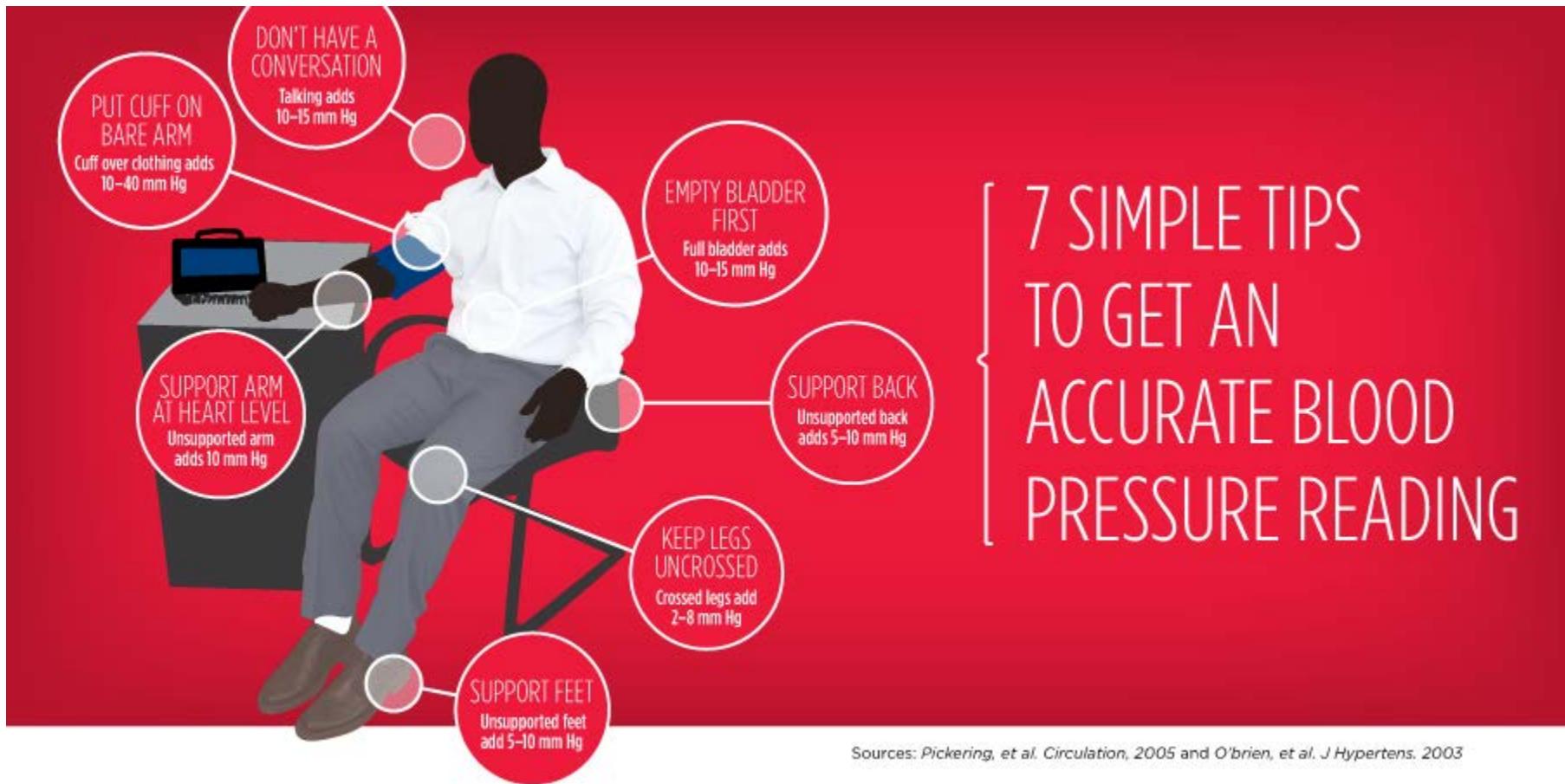
**MPCA**  
Missouri Primary Care Association  
[www.mo-pca.org](http://www.mo-pca.org)

**PRIMARIS**  
Healthcare Business Solutions

**Million Hearts** is a national campaign formed to prevent one million heart attacks and strokes by 2017. The partnership of key health organizations in Missouri raises awareness by highlighting the cooperation and individual work of the partners to achieve the shared goal of saving lives from heart disease and stroke.

For more information about Missouri Million Hearts and resources available: [http://www.heart.org/HEARTORG/Affiliate/About-the-Missouri-Million-Hearts-Initiative\\_UCM\\_458834\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/Affiliate/About-the-Missouri-Million-Hearts-Initiative_UCM_458834_SubHomePage.jsp)

## BLOOD PRESSURE ACCURACY



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# The ABCD's of Blood Pressure Measurement



## Achieve a calm state

- Make sure you are quiet and relaxed
- Sit calmly without talking for about 5 minutes
- Make sure your reading isn't affected by:  
caffeine, alcohol, exercise or smoking

## Body posture is important

- Sit in a chair with feet on the floor
- Legs should not be crossed
- Arm should be bare and should be supported at heart level

## Calibrate & check equipment

- Use a properly calibrated and validated instrument
- Check the cuff size and fit

## Double check any high readings

- If blood pressure registers high, take two readings 5 minutes apart
- Confirm any elevated readings in the opposite arm

# What Can I Do To Improve My Blood Pressure?



Modification	Recommendation	Approximate SBP Reduction Range
Weight reduction	Maintain normal body weight (BMI=18.5-25)	5-20 mm Hg 10 kg weight lost
DASH eating plan	Diet rich in fruits, vegetables, low fat dairy and reduced in fat	8-14 mmHg
Restrict sodium intake	<2.4 grams of sodium per day	2-8 mmHg
Physical activity	Regular aerobic exercise for at least 30 minutes most days of the week	4-10 mmHg
Moderate alcohol	2 drinks/day for men and 1 drink/day for women	2-4 mmHg

BP = Blood pressure, BMI = Body mass index, SBP = Systolic blood pressure • Chobanian AV et al. • JAMA • 2003;289:2560-2572

Ranges According to Joint National Commission 7 Guidelines &  
Recommendations for Treatment and Management of Hypertension



American  
Heart  
Association

American  
Stroke  
Association



## What Is High Blood Pressure?

Blood pressure is the force of blood pushing against blood vessel walls. High blood pressure (HBP) means the pressure in your arteries is higher than it should be. Another name for high blood pressure is hypertension.



Blood pressure is written as two numbers, such as 112/78 mm Hg. The top, systolic, number is the pressure when the heart beats. The bottom, diastolic, number is the pressure when the heart rests between beats. Normal blood pressure is below 120/80 mm Hg. If you're an adult and your systolic pressure is 120 to 139, or your diastolic pressure is 80 to 89 (or both), you have "prehypertension." High blood pressure is a pressure of 140 systolic or higher and/or 90 diastolic or higher that stays high over time.

No one knows exactly what causes most cases of high blood pressure. It can't be cured, but it can be managed. High blood pressure usually has no signs or symptoms. That's why it is so dangerous."

About 80 million Americans over age 20, 1 in 3 adults, have it, and many don't even know they have it. Not treating high blood pressure is dangerous. High blood pressure increases the risk of heart attack and stroke. You can live a healthier life if you treat and manage it!

Make sure you get your blood pressure checked regularly and treat it the way your doctor advises.

### Who is at higher risk?

- People with close blood relatives who have HBP
- African Americans
- Overweight or obese people
- People who aren't physically active
- People who consume too much sodium (salt)
- People who drink too much alcohol
- People with diabetes, gout or kidney disease
- Pregnant women
- Women who take birth control pills, who are overweight, had HBP during pregnancy, have a family history of HBP or have mild kidney disease

In general, the older you get, the greater your chance of developing HBP.

### How can I tell I have it?

You usually can't tell! Many people have it and don't know it. The only way to know if your blood pressure is high is to get it checked regularly by your doctor.

(continued)



## What Is High Blood Pressure?

### What can untreated high blood pressure lead to?

- Stroke
- Heart attack, angina or both
- Heart failure
- Kidney failure
- Peripheral arterial disease (PAD)

### What can I do about it?

- Reach and maintain a healthy weight.
- Eat healthy meals low in saturated fat, *trans* fat, sodium (salt) and added sugars.
- Limit alcohol to no more than one drink per day for women or two drinks a day for men.
- Be more physically active. If you have high blood pressure, aim for at least 40 minutes of moderate-intensity physical activity at least 3 to 4 times a week.
- Take medicine the way your doctor tells you.
- Know what your blood pressure should be and work to keep it at that level.



### How can medicine help?

Some medicines, such as vasodilators, help relax and open up your blood vessels so blood can flow through better. A diuretic can help keep your body from holding too much water and salt. Other medicines help your heart beat more slowly and with less force.

### HOW CAN I LEARN MORE?

- ❶ Call 1-800-AHA-USA1 (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- ❷ Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- ❸ Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

### Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**Will I always have to take medicine?**

**What should my blood pressure be?**

### My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.



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## let's talk about

# High Blood Pressure and Stroke

## What is high blood pressure (HBP)?

High blood pressure means that the force of the blood pushing against the sides of your arteries is consistently in the high range. This can lead to stroke, heart attack, heart failure or kidney failure.

Two numbers represent blood pressure. The higher (systolic) number shows the pressure while the heart is beating. The lower (diastolic) number shows the pressure when the heart is resting between beats. The systolic number is always listed first.

A blood pressure reading of less than 120 over 80 is considered normal for adults. A blood pressure reading equal to or higher than 140 over 90 is high. Blood pressure between 120–139/80–89 is considered “prehypertension” and requires lifestyle changes to reduce the risk of stroke.

## How does high blood pressure increase stroke risk?

High blood pressure is the single most important risk factor for stroke because it's the No. 1 cause of stroke.

HBP adds to your heart's workload and damages your arteries and organs over time. Compared to people whose blood pressure is normal, people with HBP are more likely to have a stroke.

About 87 percent of strokes are caused by narrowed or clogged blood vessels in the brain that cut off the



blood flow to brain cells. This is an **ischemic stroke**. High blood pressure causes damage to the inner lining of the blood vessels. This adds to any blockage that is already within the artery wall.

About 13 percent of strokes occur when a blood vessel ruptures in or near the brain. This is a **hemorrhagic stroke**. Chronic HBP or aging blood vessels are the main causes of this type of stroke. HBP puts more pressure on the blood vessels until they can no longer maintain the pressure and the blood vessel ruptures over time.

## Who is at higher risk for HBP?

- People with a family history of high blood pressure
- African Americans
- People 35 years or older
- People who are overweight or obese
- People who eat too much salt
- People who drink too much alcohol

(continued)



- Women who use birth control pills
- People who aren't physically active
- Pregnant women

### How can I control high blood pressure?

Even if you have had a prior stroke or heart attack, controlling high blood pressure can help prevent another one. Take these steps:

- Lose weight if you're overweight.
- Eat a healthy diet that's low in salt, saturated fat, and *trans* fat.
- Eat fruits and vegetables, and low-fat dairy products.
- Enjoy regular physical activity.
- Limit alcohol to no more than two drinks a day if you're a man and one drink a day if you're a woman. Check with your doctor about drinking alcohol; it can raise blood pressure.
- Take all medicines as prescribed to control your blood pressure.
- Know what your blood pressure should be and try to keep it at that level.



Having high blood pressure does not mean that you're tense or nervous. You can be calm and relaxed and still have high blood pressure. You usually can't tell if you have it. The only way to know if your blood pressure is high is to have it checked regularly.

### HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit [StrokeAssociation.org](http://StrokeAssociation.org).
- 2 Sign up to get *Stroke Connection* magazine, a free magazine for stroke survivors and caregivers at [strokeconnection.org](http://strokeconnection.org).
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at [strokeassociation.org/supportnetwork](http://strokeassociation.org/supportnetwork).

### Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What should my blood pressure be?**

**How often should my blood pressure be checked?**

### My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [strokeassociation.org/letstalkaboutstroke](http://strokeassociation.org/letstalkaboutstroke) to learn more.



# Why Should I Limit Sodium?

You may have been told by your healthcare provider to reduce the salt in your diet. Table salt is sodium chloride. One teaspoon of salt contains about 2,300 mg of sodium.

You need a certain balance of sodium and water in your body at all times to work properly. Too much salt or too much water in your system will upset the balance. When you're healthy, your kidneys get rid of extra sodium to keep the correct balance.



## What's bad about sodium?

Too much sodium in your system causes your body to retain (hold onto) water. This puts an extra burden on your heart and blood vessels. In some people, this may lead to or raise high blood pressure. Having less sodium in your diet may help you lower or avoid high blood pressure. People with high blood pressure are more likely to develop heart disease or have a stroke.

## How much sodium do I need?

Most people eat too much sodium, often without knowing it. The average American eats about 3,400 mg of sodium a day.

- For optimal heart-health, you should aim to eat no more than 1,500 milligrams of sodium per day. That level is associated with a significant reduction in blood pressure, which in turn reduces the risk of heart disease and stroke.
- Because the average American's sodium intake is so excessive, even cutting back to no more than 2,400 milligrams a day will significantly improve blood pressure and heart health.
- Your doctor may tell you to cut salt out completely.

## What are sources of sodium?

Most of the sodium in our diets comes from adding it when food is being prepared. Pay attention to food labels, because they tell how much sodium is in food products. For example: foods with 140 mg or less sodium per serving are considered low in sodium.

Here's a list of sodium-containing compounds to limit in your diet:

- Salt (sodium chloride or NaCl)
- Monosodium glutamate (MSG)
- Baking soda and baking powder
- Disodium phosphate
- Any compound that has "sodium" or "Na" in its name

Some over-the-counter and prescription medicines also contain lots of sodium. Talk to your health care provider and make it a habit of reading the labels of all over-the-counter drugs, too.

## What foods should I limit?

The best way to reduce sodium is to avoid prepackaged, processed and prepared foods, which tend to be high in sodium. Watch out for the "Salty 6" — the top six

(continued)



## Why Should I Limit Sodium?

common foods that add the most salt to your diet. Read food labels and chose the lowest level of sodium you can find for these items:

- Breads and rolls
- Cold cuts and cured meats
- Pizza
- Poultry
- Soup
- Sandwiches

These are some other foods can also be sources of "hidden" sodium:

- Cheeses and buttermilk
- Salted snacks, nuts and seeds
- Frozen dinners and snack foods
- Condiments (ketchup, mustard, mayonnaise)
- Pickles and olives
- Seasoned salts, such as onion, garlic and celery salts
- Sauces, such as barbecue, soy, steak, and Worcestershire

### How can I cook with less salt and more flavor?

- Avoid adding table salt to foods.
- Use herbs and spices to add flavor to foods.
- Eat fresh fruits, vegetables, lean meats, skinless

poultry, fish, and tuna canned in water.

- Choose unsalted nuts and low-sodium canned foods. Cook dried peas and beans.
- Use products made without added salt; try low-sodium bouillon and soups and unsalted broth.
- Rinse canned vegetables, beans and shellfish to reduce salt.
- Sprinkle vinegar or citrus juice on foods just before eating. Vinegar is great on vegetables like spinach.

### What about eating out?

Controlling your sodium intake doesn't mean spoiling the pleasure of eating out. But order carefully. Consider these tips for meals away from home:

- Select fresh greens and fruits when available. Ask for oil and vinegar to top your salad or dressing on the side.
- Be specific about what you want and how you want your food prepared. Request that your dish be prepared without added salt.
- Remember portion control. You can always bring home a to-go box!

### HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1  
(1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

### Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What's my daily sodium limit?**

**Is there sodium in the medicine I take?**

### My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.



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## What About African Americans and High Blood Pressure?

The prevalence of high blood pressure in African Americans is among the highest in the world. It also develops earlier in life in blacks than in whites and is usually more severe. High blood pressure usually has no symptoms. That's why it's called the "silent killer." The only way to know if your blood pressure is high is to have your doctor check it regularly.



### What's blood pressure?

Blood pressure is the pressure of the blood against the walls of the arteries. Blood pressure results from two forces. One is created by the heart as it pumps blood into the arteries and through the circulatory system. The other is the force on the arteries as the heart rests between beats.

### What should my blood pressure be?

Normal blood pressure is below 120/80mm Hg. The top number (systolic) is the pressure when the heart beats. The bottom number (diastolic) is the pressure when the heart rests between beats. If you're an adult with a blood pressure of 120 to 139/80 to 89 mm Hg, you have pre-hypertension. If your blood pressure is 140/90 mm Hg or higher, you have high blood pressure. If you have high blood pressure and diabetes or chronic kidney disease, your doctor will want your blood pressure to be less than 130/80 mm Hg.

### What causes high blood pressure?

No one knows for sure. In fact, most high blood pressure cases have no known cause. Factors that may lead to high blood pressure include kidney disease, tumors of the adrenal glands near the kidneys and narrowing of certain arteries.

### How often should I have my blood pressure checked?

Your doctor may take several readings over time before making a judgment about your blood pressure. Checking your blood pressure is quick and painless. You can have it done in a doctor's office, hospital, clinic, nurse's office, pharmacy, company clinic or health fair. Your doctor will tell you how often you should have it checked.

### How does high blood pressure affect me?

It can damage blood vessels in various parts of your body. And the longer it's left untreated, the more likely organs such as your heart, brain, kidneys or eyes will be damaged. This can lead to heart attack, stroke, heart failure, kidney disease, erectile dysfunction, and loss of vision.

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What About African Americans  
and High Blood Pressure?**Can high blood pressure be cured?**

No. But it can be managed. You **can't** control these risk factors:

- **Race** — Blacks develop high blood pressure earlier in life and their average blood pressures are higher than the blood pressures of whites.
- **Heredity** — A tendency to have high blood pressure runs in families.
- **Age** — In general, the older you get, the greater your chance of developing high blood pressure.
- **Sex** — Men tend to develop high blood pressure earlier in life than women.

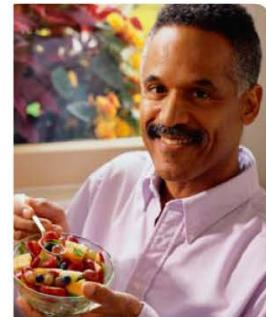
But you **can** manage some risk factors:

- Being overweight or obese
- Eating an unhealthy diet and too much salt
- Drinking too much alcohol
- Lack of physical activity
- Smoking

**What can I do about  
my blood pressure?**

You can:

- Reach and maintain a healthy weight.
- Eat healthy foods low in saturated and *trans* fats, sodium (salt) and added sugars.
- Eat a diet that emphasizes fruits, vegetables, whole grains, poultry, fish and nuts, and low-fat dairy products, while limiting red meat and sugary foods and beverages.
- Increase your daily physical activity.
- Limit alcohol to no more than one drink a day if you're a woman or two drinks a day if you're a man.
- If you smoke, stop. If you don't smoke, don't start. Avoid exposure to second-hand smoke.
- Take your medicine the way your doctor tells you.

**HOW CAN I LEARN MORE?**

- ❶ Call 1-800-AHA-USA1 (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- ❷ Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- ❸ Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

**Do you have  
questions for the  
doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**How is high blood  
pressure treated?**

**What type of diet  
would be most helpful?**

**My Questions:**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.



## How Can I Monitor My Cholesterol, Blood Pressure and Weight?

High cholesterol, high blood pressure and being overweight or obese are major risk factors for heart disease and stroke. You should be tested regularly to know if you have high cholesterol or high blood pressure. That's because elevated cholesterol and blood pressure have no warning signs. And you should talk to your doctor about a healthy weight for you.

It is important to know your numbers. You can record your blood pressure, cholesterol and weight in the tracker below to track your progress. Work with your healthcare provider to determine your risk and manage it. Then ask how often to measure your levels.

Have your cholesterol levels measured every five years, or more often if needed. A fasting lipoprotein profile is the best measurement.



Goal	Date	Date	Date	Date
Blood Pressure				
Total Cholesterol				
Weight				

### What can I do to lower my cholesterol and blood pressure?

- Eat a nutritious, well-balanced diet low in added sugars, sodium, and saturated and *trans* fats. A healthy diet includes a variety of fruits, vegetables, whole grains, low-fat dairy products, poultry, fish, legumes, nontropical vegetable oils and nuts. You can adapt this diet to your calorie needs and personal food preferences.
- Eat oily fish twice per week.
- Limit red meats. If you choose to eat red meats,

select lean cuts of meat. Trim all visible fat and throw away the fat that cooks out of the meat.

- Remove the skin from poultry.
- Substitute meatless or “low-meat” main dishes for regular entrees.
- Aim for a diet that achieves 5% to 6% of calories from saturated fats and a reduced percent of calories from *trans* fat.
- Reduce your sodium intake to 1500 mg per day or less. Limit your intake of processed, packaged and fast foods which tend to be high in sodium.

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## How Can I Monitor My Cholesterol, Blood Pressure and Weight?

- Limit the amount of alcohol you drink. If you're a woman, don't drink more than one drink a day. If you're a man, have no more than two drinks a day.
- Aim for at least 150 minutes a week of moderate-intensity physical activity, such as brisk walking.
- Reach and maintain a healthy weight.
- Don't smoke and avoid exposure to second-hand smoke.
- Take your medicines as prescribed.

### How can I manage my weight?

If you are overweight or obese, your healthcare provider may advise you that you are at greater risk of heart disease, stroke and other diseases. Lifestyle changes such as the ones listed above may help you lose 3-5% of your body weight. This could result in meaningful health benefits. Larger weight losses (5-10%) can produce even greater benefits.

- Reduce the number of calories you eat. Excess calories add excess weight.
- Get at least 150 minutes of moderate-intensity aerobic physical activity, such as brisk walking, a week.



- To maintain weight lost or minimize regain, some people need to do physical activity each week (200-300 minutes).

## HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

### Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What kind of physical activity would be good for me?**

**How can I know what my weight should be?**

### My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.

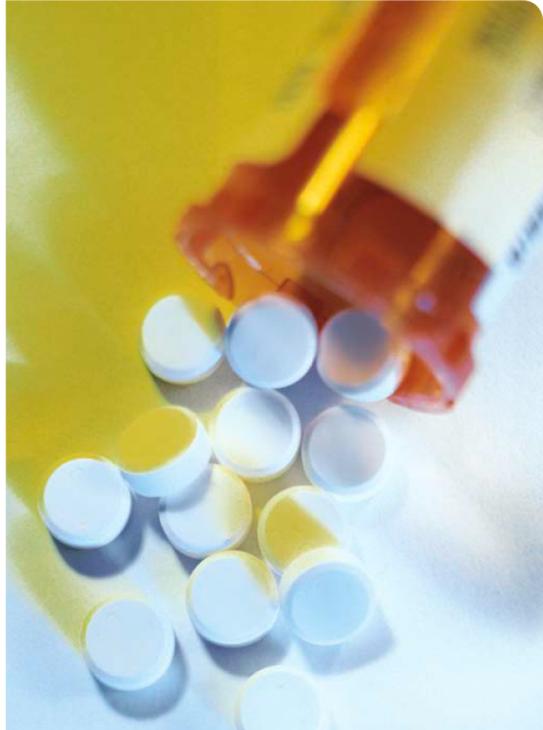


## How Do I Manage My Medicines?

Taking medicine may be new to you, and there may be a lot to remember. For example, why are you taking it? What time should you take it? How often do you take it, and how many pills do you take?

It's very important to take medicine the right way — just as your doctor tells you.

If you don't follow your doctor's directions, what could happen? First of all, if medicine isn't taken the right way, it may not work. It could also cause side effects that may be mild — or very harmful. Without knowing it, you could counteract one medicine by taking it with another. Not taken properly, medicine can also make you feel sick or dizzy.



### How can I remember to take my medicine?

- Take it at the same time each day along with other daily events, like brushing your teeth.
- Use a weekly pill box with separate sections for each day or time of day. Computerized pill boxes can alert you when it's time to take a pill or order refills.
- Ask family and friends to help remind you.
- Use a pill calendar or drug reminder chart.
- Leave notes to remind yourself.
- Try an e-mail or calendar reminder.
- Wear a wristwatch with an alarm.

### What else should I know?

- Ask your doctor or pharmacist when to take your medicines and if they can be taken with foods.

- Store your medicine the way your doctor or pharmacist tells you. Keep medicine in original containers, or label new containers.
- Keep track of what pills you can and can't take together, including over-the-counter medicines.
- Always get your prescription filled on time, so you don't run out.
- Try to see the same pharmacist each time.
- Don't take more of your medicine than the prescribed dose.
- Ask your doctor or pharmacist before buying a new over-the-counter medicine, such as an antihistamine or "cold tablets" or vitamin supplements to be sure they won't interfere with your prescribed medicine.
- Always check with your doctor before you stop taking a medicine.

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- If you have any questions about your pills, make a note to remind yourself to ask your doctor or pharmacist.
- Tell your doctor and pharmacist if you have any side effects.
- Write down the names and doses of medicines you are taking. If you go to more than one doctor, take your updated medication list with you to each visit.
- Keep all medicines out of the reach of children and pets.

**My Medicines** — Ask your healthcare providers to help you complete the chart below.

NAME OF MEDICINE	WHAT IT LOOKS LIKE	WHAT MY DOSAGE IS	WHAT IT'S FOR	WHEN TO TAKE IT	NAME OF DOCTOR

## HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

## Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**How long should I take my medicine?**

**What if I forget to take a medicine?**

## My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.



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# How Can I Manage My Weight?

Reaching and maintaining a healthy weight can be a challenge. You may have tried to lose weight before without much long-term success. Be assured, you are not alone.

There is no magic weight-loss formula that works for everyone. The key is to find a plan that works for you and provides the right balance of calories and nutrition with the appropriate amounts of physical activity.



## What are the keys to healthy weight loss?

To lose weight, you must take in fewer calories than you use through normal metabolism and physical activity. It's a matter of:

- Watching what you eat.
- Choosing nutritious foods.
- Following an overall healthy diet pattern.
- Getting and staying physically active.

## How can I make better food choices?

Follow these guidelines to improve your overall diet pattern.

- Eat a diet rich in fruits, vegetables and whole grains.
- Eat poultry, fish, and nuts and limit red meat.
- Limit how much saturated and *trans* fats, added sugars, and sodium are in the food you eat.
- Select fat-free and low-fat (1%) dairy products.
- Limit beverages and foods high in calories and low in nutrition.

- Choose and prepare foods with little or no salt.

## What happens when I reach a healthy weight?

- After you reach a healthy weight, continue to balance the amounts of calories that you take in with the amount of energy you use each day to maintain your weight.
- After a week, if you're still losing weight, add a few hundred more calories.
- If you change the amount of physical activity you do, adjust what you eat.
- Keep a record of what you eat and how much physical activity you get so you'll know how to make adjustments.

## How can I stay at a healthy weight?

- Remember that eating smart means eating some foods in smaller amounts and eating high-calorie foods less often.

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- Always keep low-calorie, heart-healthy foods around. Chopped fruits and vegetables make an great quick snack.
- Use a shopping list, and don't shop when you're hungry.
- Plan all your meals. When you're going to a party or out to eat, decide ahead of time what you can do to make it easier to eat right.
- When you're hungry between meals, drink a glass of water or eat a small piece of fruit.
- When you really crave a high-calorie food, eat a small amount of it. Commit to stay active! Don't give up on your physical activity plan.

**What if I go back to old habits?**

Old habits are hard to break. You might have a bad day and overeat or skip exercise. If that happens, remember that this is not a failure. Instead, recommit yourself to starting again and getting back on track. You can do it!

**HOW CAN I LEARN MORE?**

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What if I start gaining weight?**

**How can my family help me?**

**My Questions:**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.



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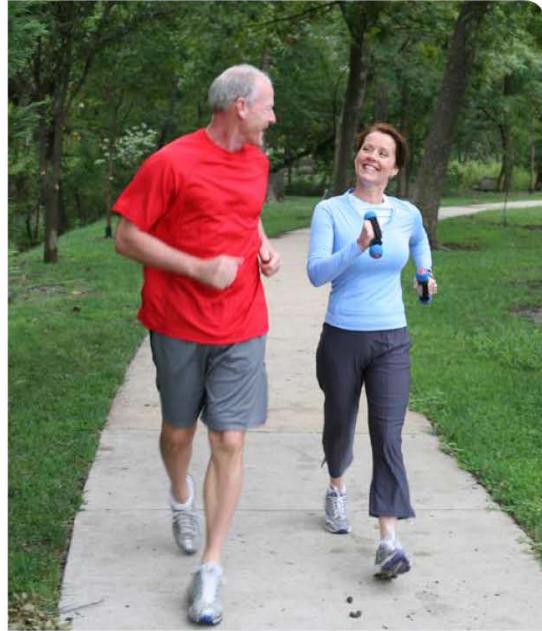


# Why Should I Be Physically Active?

If your doctor has suggested that you begin a physical activity program, follow that advice. The American Heart Association recommends that adults get at least 150 minutes of moderate-intensity physical activity each week. People who don't get enough physical activity are much more likely to develop health problems.

Regular, moderate-intensity aerobic physical activity can lower your risk of:

- Heart disease and heart attack
- High blood pressure
- High total cholesterol, high LDL (bad) cholesterol and low HDL (good) cholesterol
- Overweight or obesity
- Diabetes
- Stroke



If you have a chronic condition, talk to your healthcare provider about an exercise program that's right for you. Once you start, you'll find that exercise isn't just good for your health — it's also fun.

## What else can physical activity do for me?

Physical activity is associated with these benefits:

- Strengthens your heart, lungs, bones and muscles.
- Gives you more energy and strength.
- Helps control your weight and blood pressure.
- Helps you handle stress.
- Helps your quality of sleep.
- Helps you feel better about how you look.

## What kind of activities should I do?

You don't have to be an athlete to lower your risk of heart disease and stroke! If done on most or all days, you can benefit from moderate activities like these:

- Brisk walking
- Gardening and yard work
- Moderate to heavy housework
- Pleasure dancing and home exercise

More vigorous physical activity can further improve the fitness of your heart and lungs. Start slowly, and build up as your heart gets stronger. Start with light or moderate intensity activity, for short periods of time. Spread your sessions throughout the week.

Most healthy adults do not need to consult a doctor or healthcare provider before becoming more physically active. But healthcare providers can provide advice on the types of activities best for you and ways to progress at a safe and steady pace. Then try one or more of these:

- Hiking or jogging
- Stair climbing
- Bicycling, swimming or rowing
- Aerobic dancing or cross-country skiing

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**How often should I exercise?**

- Work up to a total of least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous physical activity per week.
- Make sure it's regular — you can reach your 150 minute goal by getting about 30 minutes of physical activity on most or all days of the week.

**What else can I do?**

Look for ways to add more physical activity to your daily routine. Making small changes in your lifestyle can make a big difference in your overall health. Here are some examples:

- Take a walk for 10 or 15 minutes during your lunch break.
- Take stairs instead of escalators and elevators.
- Park farther from the store and walk through the parking lot.



Taking the stairs instead of escalators or elevators is an easy way to add physical activity to your daily routine.

**HOW CAN I LEARN MORE?**

- 1 Call 1-800-AHA-USA1  
(1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What's the best type of physical activity for me?**

**How much should I exercise?**

**My Questions:**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.



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# How Can I Make My Lifestyle Healthier?

It's never too late to make better health choices. All you need is a goal, a plan and the desire to live better.

Here are some simple steps to take:

- Don't smoke cigarettes or use other tobacco products.
- Have your blood pressure checked regularly. Keep your blood pressure below 120/80 mm Hg
- Eat a healthy diet consistent with recommendations from the American Heart Association.
- Get at least 150 minutes of moderate- intensity physical activity or 75 minutes of vigorous-intensity activity (or a combination) each week.
- Reach and maintain a healthy weight (body mass index less than 25 kg/m<sup>2</sup>).
- Keep your total cholesterol at less than 180 mg/dL.
- Keep your fasting blood glucose at less than 100 mg/dL.

## How do I stop smoking?

- Decide on a Quit Day and ask your family and friends to support you.
- Ask your healthcare provider for information, programs and medications that may help.
- Go where smoking isn't allowed, and avoid being around people who smoke.
- Keep busy doing things that make it hard to smoke.

## How do I manage my blood pressure?

- If your doctor has put you on medication, take it exactly as prescribed.
- If you are overweight, work to reach and maintain a healthy .
- Be more physically active.
- Reduce your salt (sodium) intake.
- Eat a heart-healthy diet.



## How do I change my eating habits?

- Eat a diet rich in vegetables and fruits.
- Choose whole-grain foods and low-fat dairy products.
- Eat fish, preferably those containing omega-3 fatty acids (for example, salmon, trout and herring), at least twice a week.
- Select skinless poultry and choose lean cuts of meat. But, limit your intake of red meats.
- Include legumes, nuts and seeds.
- Use healthy fats and oils, such as olive, canola, corn or safflower.
- Limit how much saturated fat, trans fat and added sugars you eat.
- Choose and prepare foods with little or no sodium (salt). Keep sodium to less than 1,500 mg per day.
- If you drink alcohol, drink in moderation.

## What about physical activity?

- Get at least 150 minutes of moderate- intensity physical activity or 75 minutes of vigorous-intensity activity (or a combination) each week. An easy way to remember this is goal is at least 30 minutes, 5 days each week.

(continued)



- Include muscle-strengthening activity at least two days per week for additional health benefits.
- Look for ways to be more active. Take 10–15-minute walking breaks during the day or after meals.

**How can I reach and maintain a healthy weight?**

- To lose weight, you must take in fewer calories than you use.
- Follow an overall heart-healthy diet.
- Get and stay physically active.

**How do I manage my cholesterol?**

- Get your blood cholesterol level checked at least once every five years. Start at age 20.
- If your total cholesterol level is 180 mg/dL or higher, it's too high. You'll need it checked more often.
- Limit your saturated fat intake to less than 5 to 6 percent of total calories.
- Look for foods with "0" grams of trans fat.
- If your doctor has put you on medication, take it exactly as prescribed.

**What can I do to reduce my blood sugar?**

- Reduce consumption of simple sugars that are found in soda, candy and sugary desserts.
- Get regular physical activity! Take medications or insulin if it is prescribed for you.

**HOW CAN I LEARN MORE?**

- 1 Call 1-800-AHA-USA1 (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at [heartinsight.org](http://heartinsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/supportnetwork](http://heart.org/supportnetwork).

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What's the most important change I can make?**

**What if I go back to bad habits?**

**My Questions:**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.

# EXERCISE BAND STRENGTH TRAINING

Start by doing 5-8 repetitions of each exercise, 2-3 times week on non-consecutive days. Gradually increase the number of repetitions building up to 10-15 repetitions of each exercise 2-3 times week.

**UW**Health

University of Wisconsin  
Sports Medicine   
[uwsportsmedicine.org](http://uwsportsmedicine.org)

## CHEST PRESS

- Sit tall and wrap the band behind your back, coming underneath the arms
- Hold band in each hand with palms facing DOWN, hands below the shoulders
- Keeping shoulders down, away from the ears, press arms forward
- Press until arms are straight without "locking" the elbows, keep a slight bend in the elbow as you extend your arms
- With control return to the start position



## SEATED SHOULDER PRESS

- Sit tall in a chair
- Sit on the band, or for more resistance, place band under the seat of the chair, or your feet
- Holding each end of the band, bring hands up near your shoulders with palms facing forward and elbows pointing down
- Press arms upward to straighten, keeping a slight bend in the elbows
- Slowly lower down to shoulders/starting position



## EXTERNAL ROTATION

- Sit or stand tall
- Hold band in each hand with palms facing UP, hands about 3-4 inches apart
- Keep elbows at 90 degree angle and close to your body
- Keep elbows in same position and pull hands away from one another until they are straight forward
- With control return to the start position

## SEATED ROW

- Sit tall
- Band wrapped around one or both feet; holding one end in each hand
- Pull elbows back keeping wrists straight



#### **SEATED LEG PRESS**

- Sit tall; same as Seated Row exercise
- Wrap band around one foot; holding one end in each hand
- Lift foot off ground and press leg away until it is fully extended
- Keep foot off ground bringing knee back toward chest and repeat
- When all reps are completed, switch to other leg



#### **CHAIR SQUAT**

- Stand tall and step on the band with both feet
- Hold band in each hand and bring hands up to hip height (or higher if you want more resistance)
- Engaging your abdominals, sit back towards the seat of the chair, without touching it
- Keep your knees behind your toes
- Lower down, hovering above the seat of the chair, or slightly touch if needed
- With control, pressing with your feet, stand back up to the start position



#### **SIDE LATERAL RAISE**

- Stand tall
- Step on one end of the band (the shorter the band, the harder the resistance) and hold the other end in one hand
- Keeping shoulders down, away from your ears, and a slight bend in your elbow, raise your arm out to the side – NO HIGHER than shoulder height
- In a controlled manner, lower arm back down and repeat
- Switch to other arm when all reps are done

#### **ARM CURLS**

- Stand tall
- Hold ends of band in each hand with center stirruped under one or both feet
- Place elbows close to body and hold position
- Bring hands to shoulders and then lower to start position



#### **ARM EXTENSION**

- Stand tall
- Hold ends of band in each hand with center secured at head level or above
- Start with arms raised to about shoulder level and keep arms straight at elbows
- Bring arms down to your sides of thighs/hips



# STRETCHING EXERCISES

Practice correct form illustrated in the pictures. Do each stretch 1-2 times, holding for 15-20 seconds.

## WALL CHEST STRETCH

- Place the palm of your hand on a wall at shoulder height or lower, with fingers pointing behind you



- With your arm straight, and palm on the wall, turn your body away from the wall until you feel a stretch in your chest
- Stand tall, keeping your hips under your shoulders
- Repeat on other side

## SHOULDER ROLLS

- Sit or stand tall
- Bring shoulders to ears
- Pull back and depress down
- Relax and repeat



## SHOULDER STRETCH

- Sit or stand tall
- Move one arm across body at low chest height



- Take other arm and gently hug the arm on your chest into your body

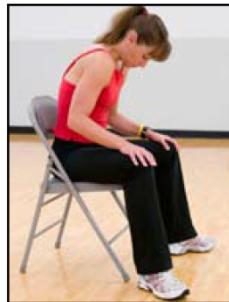
## FIGURE 4

- Sit tall in a chair with hips and knees at about 90 degree angle
- Cross one leg over the other
- Keep back straight and lean forward
- Modification: allow bottom leg to remain straight at the knee and cross stretching leg onto shin



#### SEATED DIVE

- Sit tall in a chair with hips and knees at about 90° angles and knees wide OR
- Place hands on thighs and lean head forward
- Go further by sliding hands down to lower leg & continue to roll upper body down
- If comfortable, go further with hands resting on floor and head directed down
- As you roll up, pause at each of above positions for a breath



#### CHAIR HAMSTRING STRETCH

- Place your heel on the back of the chair or floor behind the chair
- Keeping your hips parallel to the chair, gently lean forward until a stretch is felt in the back of your thigh
- Keep your back as straight as you can and abdominals lifted
- Option: sitting in the chair with leg out in front of you



#### QUADRICEP STRETCH

- Stand tall, holding onto the chair for balance
- Bend your knee and reach back to hold your foot, pant-leg, sock, or shoe



#### CALF/FRONT HIP STRETCH

- Stand with one foot forward and the other back (both feet point forward)
- Calf: keep heel on the ground; body has a straight line from shoulders through heel
- Hip: Press the hip of the back foot forward by tucking your tailbone under you



#### STANDING SIDE LEAN

- Stand tall – make yourself long
- Reach one arm straight to the sky, trying to keep shoulder low & neck relaxed

- Lean in the direction opposite of the raised arm
- Repeat with opposite arm



## WISEWOMAN ONLINE RESOURCES



### SMOKING CESSATION ONLINE RESOURCES

- ♥ Freedom From Smoking Online Course -

<http://www.ffonline.org/>

- ♥ American Cancer Society Guide to Quitting Smoking -

<http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/index?sitearea>

- ♥ American Lung Association - [www.lung.org](http://www.lung.org)
- ♥ American Cancer Society - [www.cancer.org](http://www.cancer.org)
- ♥ U.S. Surgeon General - [www.surgeongeneral.gov](http://www.surgeongeneral.gov)
- ♥ Center for Disease Control and Prevention-Smoking and Tobacco Use -  
[www.cdc.gov/tobacco/](http://www.cdc.gov/tobacco/) or [www.cdc.gov/Quitting/Tips](http://www.cdc.gov/Quitting/Tips)
- ♥ Association for the Treatment of Tobacco Use and Dependence - [www.attud.org](http://www.attud.org)
- ♥ American Public Health Association - [www.apha.org](http://www.apha.org)
- ♥ Nicotine Anonymous - [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

### BLOOD PRESSURE ONLINE RESOURCES

- ♥ American Heart Association - [www.heart.org](http://www.heart.org)
- ♥ National Heart, Lung and Blood Institute -  
<http://www.nhlbi.nih.gov/health/educational/hearttruth/>
- ♥ Go Red For Women - <https://www.goredforwomen.org/>
- ♥ Power to End Stroke - <http://owertoendstroke.org/>
- ♥ National Million Hearts Initiative - <http://millionhearts.hhs.gov/>
- ♥ Missouri Million Hearts Initiative -  
[https://www.heart.org/HEARTORG/Affiliate/Missouri-Million-Hearts\\_UCM\\_458809\\_SubHomePage.jsp](https://www.heart.org/HEARTORG/Affiliate/Missouri-Million-Hearts_UCM_458809_SubHomePage.jsp)
- ♥ My Life Check-Cardiovascular Assessment Risk -  
[http://www.heart.org/HEARTORG/Conditions/My-Life-Check---Lifes-Simple-7\\_UCM\\_471453\\_Article.jsp#.VuMt100UXL8](http://www.heart.org/HEARTORG/Conditions/My-Life-Check---Lifes-Simple-7_UCM_471453_Article.jsp#.VuMt100UXL8)

## DIABETES ONLINE RESOURCES

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- ♥ Am I At Risk? - <http://www.niddk.nih.gov/health-information/health-communication-programs/ndep/am-i-at-risk/Pages/index.aspx>
- ♥ Prevent Diabetes Stat - [www.preventdiabetesstat.org](http://www.preventdiabetesstat.org)
- ♥ Center for Disease Control and Prevention - National Diabetes Prevention Program - <http://www.cdc.gov/diabetes/prevention/index.html>

## CHOLESTEROL ONLINE RESOURCES

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- ♥ National Cholesterol Education Program - <https://www.nhlbi.nih.gov/files/docs/public/heart/wyntk.pdf>
- ♥ What Your Cholesterol Levels Mean - [http://www.heart.org/HEARTORG/Conditions/What-Your-Cholesterol-Levels-Mean\\_UCM\\_305562\\_Article.jsp#VuMvFE0UXL8](http://www.heart.org/HEARTORG/Conditions/What-Your-Cholesterol-Levels-Mean_UCM_305562_Article.jsp#VuMvFE0UXL8)

## HEALTHY EATING ONLINE RESOURCES

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- ♥ My Plate - <http://www.choosemyplate.gov/>
- ♥ USDA Dietary Guidelines - <http://www.cnpp.usda.gov/dietaryguidelines>
- ♥ Eat Right-Academy of Nutrition and Dietetics - <http://www.eatright.org/>
- ♥ Center for Disease Control and Prevention-Sources of Sodium in Your Diet - [http://www.cdc.gov/salt/pdfs/sources\\_of\\_sodium.pdf](http://www.cdc.gov/salt/pdfs/sources_of_sodium.pdf)
- ♥ Spark People - <http://www.sparkpeople.com/index2.asp>

## PHYSICAL ACTIVITY ONLINE RESOURCES:

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- ♥ Office of Disease and Health Promotion Physical Activity Guidelines - <http://health.gov/paguidelines/>
- ♥ Aim for a Healthy Weight - <http://catalog.nhlbi.nih.gov/pubstatic//06-5831/06-5831.pdf>
- ♥ My Fitness Pal - <https://www.myfitnesspal.com/>

## WISEWOMAN HEALTH APPS FOR SMARTPHONES



There are a variety of health and fitness apps at no cost that can be downloaded and used on a variety of different smartphones. The WISEWOMAN Program has compiled this short list of just a few that may be helpful to you, your staff or your client's.

- ♥ My Fitness Pal
- ♥ 7 minute Workout
- ♥ Lose it!
- ♥ 8 minute Workout
- ♥ 8 fit-work out and Meal Plans
- ♥ Nutrition Facts
- ♥ Nutrition Tracker
- ♥ Eat Fit
- ♥ Calorie Counter and Diet Tracker (Spark People)
- ♥ Restaurant Nutrition
- ♥ Map My Walk
- ♥ Blood Pressure Tracker
- ♥ Blood Pressure Log
- ♥ Blood Glucose Tracker
- ♥ Diabetes Blood Pressure Health Tracker
- ♥ Blood Pressure Log Tracker
- ♥ Quit Smoking: Cessation Nation



## WISEWOMAN STAFF CONTACT INFORMATION

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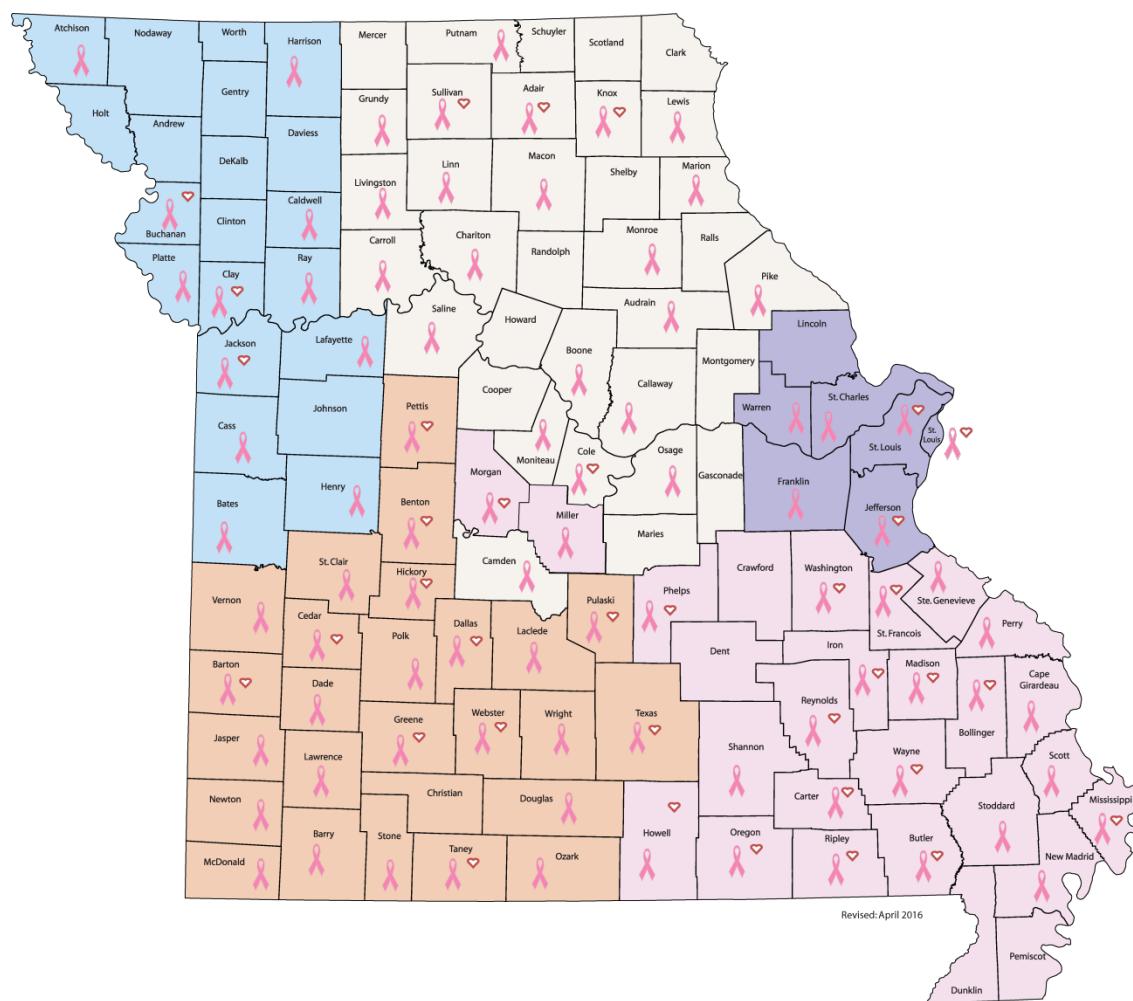
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**Toll Free Number: 866-726-9926**

**Fax Number: 573-522-2898**

## PROVIDER MAP



SMHW Sites   WISEWOMAN Sites

Sara Walz, RN; Kansas City/Northwest Area	Pager: 816-247-3637	P: 816-404-6985	F: 816-404-6986
Lisa Graessle, RN; Central/Northeast Area		P: 573-522-2855	F: 573-522-2898
Iver Gandy, RN; St. Louis Area		P: 314-657-1413	F: 314-612-5005
Missy Rice, RN; Southwest Area		P: 417-693-3409	F: 417-345-1069
Mary Costephens, RN; Southeast Area		P: 573-418-1358	F: 573-354-2348
Megan Wilde, RN, WISEWOMAN Education Coordinator		P: 573-522-2866	F: 573-522-2898

For more information call: 866-726-9926. For the most current provider map visit our website at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/index.php>.

## SMHW REGIONAL PROGRAM COORDINATOR LIST

Northwest/K.C. Area		Sara Walz, RN		816-404-6985		Fax: 816-404-6986	
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003	Andrew	047	Clay	083	Henry	165	Platte
005	Atchison	049	Clinton	087	Holt	177	Ray
013	Bates	061	Daviess	095	Jackson	227	Worth
021	Buchanan	063	DeKalb	101	Johnson		
025	Caldwell	075	Gentry	107	Lafayette		
037	Cass	081	Harrison	147	Nodaway		

Northeast/Central Area		Vacant		573-522-2855		Fax: 573-522-2898	
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001	Adair	053	Cooper	125	Maries	173	Ralls
007	Audrain	073	Gasconade	127	Marion	175	Randolph
019	Boone	079	Grundy	129	Mercer	195	Saline
027	Callaway	089	Howard	135	Moniteau	197	Schuylerville
029	Camden	103	Knox	137	Monroe	199	Scotland
033	Carroll	111	Lewis	139	Montgomery	205	Shelby
041	Chariton	115	Linn	151	Osage	211	Sullivan
045	Clark	117	Livingston	163	Pike		
015	Cole	121	Macon	171	Putnam		

St. Louis Area		Maisha Flannel, RN		314-657-1413		Fax: 314-612-5005	
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071	Franklin	113	Lincoln	189	St. Louis	219	Warren
099	Jefferson	183	St. Charles	510	St. Louis City		

Southwest Area		Missy Rice, RN		417-693-3409		Fax: 417-345-1069	
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009	Barry	067	Douglas	145	Newton	213	Taney
011	Barton	077	Greene	153	Ozark	215	Texas
015	Benton	085	Hickory	159	Pettis	217	Vernon
039	Cedar	097	Jasper	167	Polk	225	Webster
043	Christian	105	Laclede	169	Pulaski	229	Wright
057	Dade	109	Lawrence	185	St. Clair		
059	Dallas	119	McDonald	209	Stone		

Southeast Area		Ruth Hudson, RN		573-418-1358		Fax: 573-354-2348	
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017	Bollinger	091	Howell	149	Oregon	186	Ste. Genevieve
023	Butler	093	Iron	155	Pemiscot	201	Scott
031	Cape Girardeau	123	Madison	157	Perry	203	Shannon
035	Carter	131	Miller	161	Phelps	207	Stoddard
055	Crawford	133	Mississippi	179	Reynolds	221	Washington
065	Dent	141	Morgan	181	Ripley	223	Wayne
069	Dunklin	143	New Madrid	187	St. Francois		

## WISEWOMAN PROVIDER LIST

Agency	Address
Affinia Healthcare St. Louis City	<p>Affinia HealthCare - O'Fallon (<b>Main Site</b>)            1717 Biddle            St. Louis, MO 63106            314-814-8700            Fax: 314-814-8776</p> <p>Affinia HealthCare - Benton (Satellite Site)            2220 Lemp St.            St. Louis, MO 63104            314-562-5828            Fax: 314-814-8776</p> <p>Affinia Healthcare (Satellite Site)            3930 South Broadway            St. Louis, MO 63118            314-562-5828            Fax :314-814-8776</p> <p>Affinia HealthCare - Water Tower Health Center            (Satellite Site)            4414 North Florissant Ave            St. Louis, MO 63107            314-562-5828            Fax: 314-814-8776</p>
Barton County Health Dept. Barton Co.	1301 E 12 <sup>th</sup> St. Lamar, MO 64759 417-682-3363 Fax: 417-682-5548
Bollinger County Health Dept. Bollinger Co.	107 Hwy 51 N. (PO Box 409) Marble Hill, MO 63764 573-238-2817 Fax: 573-238-3085
Butler County Health Dept. Butler Co.	1619 North Main Poplar Bluff, MO 63901 573-785-8478 Fax: 573-785-2825

Clay County Health Dept. Clay Co.	800 Haines Dr. Liberty, MO 64068 816-595-4357 Fax: 816-595-4396
Cole County Health Dept. Cole Co.	1616 Industrial Dr. Jefferson City, MO 65109 573-636-2181 Fax: 573-636-3851
Dade County Health Dept. Dade Co.	413 W. Water Greenfield, MO 65661 417-637-2345 Fax: 417-637-2507
Dallas County Health Dept. Dallas Co.	1011 W. Main St. (PO Box 199) Buffalo, MO 65622 417-345-2332 Fax: 417-345-2025
Fordland Clinic, Inc. Webster Co.	1059 Barton Dr. Fordland, MO 65652 417-767-2273 Fax: 417-767-4054
Hickory County Health Dept. Hickory Co.	201 Cedar St. (P.O. Box 21) Hermitage, MO 65668 417-745-2138 Fax: 417-745-2400
Jefferson County Health Dept. Jefferson Co.	405 Main St. ( <b>Main Site</b> ) (P.O. Box 437) Hillsboro, MO 63050 636-789-3372 Fax: 636-797-4631  1818 Lonedell (Satellite Site) Arnold, MO 63010 636-282-1010 Ext. 218 Fax: 636-282-2525

<p>Jordan Valley Community Health Center (JVCH) Greene, Webster, Taney Counties</p>	<p><b>440 E Tampa (Main Site)</b> Springfield, MO 65806 (Greene Co) 417-831-0150 Fax: 417-868-8798</p> <p><b>1166 Banning St. (Satellite Site)</b> Marshfield, MO 65706 (Webster Co) 417-831-0150 Fax: 417-868-8798</p> <p><b>33 Gage Dr. (Satellite Site)</b> Hollister, MO 65672 (Taney Co) 417-831-0150 Fax: 417-868-8798</p> <p><b>550 E. Harrison St. (Satellite Site)</b> Republic, MO 65738 (Greene Co.) 417-831-1050 Fax: 417-868-8798</p>
<p>Katy Trail Pettis, Morgan, Benton, Saline Counties</p>	<p><b>821 Westwood (Main Site)</b> Sedalia, MO 65301 (Pettis Co) 660-826-4774 Fax: 1-888-979-8868</p> <p><b>Prairie Village KTCH (Satellite Site)</b> 112 N State Hwy 5, Versailles, MO 65084 (Morgan Co) 660-438-2595 Fax: 1-888-979-8868</p> <p><b>Harbor Village KTCH (Satellite Site)</b> 17571 N Dam Access Road Warsaw, MO 65355 (Benton Co) 573-378-2351 Fax: 1-888-979-8868</p> <p><b>Marshall KTCH (Satellite Site)</b> 1825 S. Atchison Marshall, MO 65340 (Saline Co.) 877-733-5824 Fax: 1- 888-979-8868</p>

Madison County Madison Co.	806 W. College Ave. Fredericktown, MO 63645 573-783-2747 Fax: 573-783-4627
Mission of Hope Clinic Jackson Co.	6303 Evanston Ave. Raytown, MO 64133 816-356-4325 Fax: 816-353-5433
Mississippi County Health Dept. Mississippi Co.	1200 E. Marshall, <b>(Main Site)</b> Charleston, MO 63834 573-638-2191 Fax: 573-683-6539  202 E. Pine (Satellite Site) East Prairie, MO 63845 573-649-5502 Fax: 573-683-6539
Missouri Highlands Health Care Big Springs Medical Association Reynolds, Iron, Carter, Ripley Counties	110 S. Second St. <b>(Main Site)</b> Ellington, MO 63638 (Reynolds Co.) 573-663-2313 Fax: 573-663-2441  Ellington Family Clinic (Satellite Site) 61 Highway Y Ellington, MO 63638 (Reynolds Co.) 573-663-2525 Fax: 573-663-7821  Annapolis Family Clinic (Satellite Site) 202 Allen St. Annapolis, MO 63520 (Iron Co.) 573-598-4213 Fax: 573-598-4602  Iron County Medical Clinic (Satellite Site) 315 W. Mulberry (PO Box 327) Ironton, MO 63663 (Iron Co.) 573-546-0602 Fax: 573-545-0624

Missouri Highlands Health Care Big Springs Medical Association (cont'd) Reynolds, Iron, Carter, Ripley Counties	<p>Viburnum Medical Clinic (Satellite Site)  #18 Viburnum Ctr. Rd.  (PO Box 748)  Viburnum, MO 65566 (Iron Co.)  573-244-5406  Fax: 573-244-5590</p>
	<p>Big Springs Medical Clinic (Satellite Site)  405 Main St.  (PO Box 486)  Van Buren, MO 63965 (Carter Co.)  573-323-4253  Fax: 573-323-4465</p>
	<p>MO Highlands Medical Clinic (Satellite Site)  Poplar Bluff Medical Park  225 Physicians Park Dr. Suite 303  Poplar Bluff, MO 63901 (Butler Co.)  573-785-6536  Fax: 573-785-0345</p>
	<p>Naylor Medical Clinic (Satellite Site)  220 E. Broad St.  (PO Box 38)  Naylor, MO 63953 (Ripley Co.)  573-399-2311  Fax: 573-399-2646</p>
	<p>Shannon County Family Clinic (Satellite Site)  1003 S. Main St.  (PO Box 100)  Eminence, MO 65466 (Shannon Co.)  573-226-5505  Fax: 573-399-2646</p>

Morgan County Health Department  
Versailles Mo.

104 W. Lafayette  
Versailles Mo. 65084  
Ph. 573-278-5438

Myrtle Hilliard Davis	5471 Dr. Martin Luther King Drive St. Louis Mo 63112 Ph. 314-367-5820 Fax 314-367-7010
Northeast MO Health Council (NEMHC)	<p>Northeast MO Health Council 1416 Crown Drive Kirksville, MO 63501 (Adair Co.) 660-627-4493 Fax: 660-627-4288</p> <p>Northeast Family Health (Satellite Site) 1506 Crown Drive Kirksville, MO 63501 (Adair Co) 660-627-4493 Fax: 660-627-4288</p> <p>NEMO- OB/GYN (Satellite Site) 402 W. Jefferson St. Kirksville, MO 63501 (Adair Co) 660-665-3555 Fax: 660-665-3547</p> <p>Northeast Family Health (Satellite Site) 104 E. Jackson Edina, MO. 63537 (Knox Co) 660-397-3517 Fax: 660-397-2307</p> <p>Northeast Family Health (Satellite Site) 52334 S Business Hwy 5 Milan, MO. 63556 (Sullivan Co) 660-265-1042 Fax: 660-265-1043</p> <p>Macon Family Health (Satellite Site) 209 North Missouri St. Macon, MO 63552 660-988-3892</p>
Oregon County Health Dept. Oregon Co.	4 <sup>th</sup> Court Square ( <b>Main Site</b> ) (P.O. Box 189) Alton, MO 65606 (Oregon Co.) 417-778-7450

	<p>Fax: 417-778-6826</p> <p>201 Market (Satellite Site) Thayer, MO 65791 (Oregon Co.) 417-264-3114 Fax: 417-264-3790</p>
Peoples Health Center St. Louis City	<p>5701 Delmar Blvd. (<b>Main Site</b>) St. Louis, MO 63112 314-367-7848 Fax: 314-367-5637</p> <p>People's Health Center-Florissant (Satellite Site) 11642 West Florissant Florissant, MO 63033 314-838-8220 Fax: 314-838-4007</p> <p>People's Health Center-St. Louis (Satellite Site) 7200 Manchester Rd. Maplewood, MO 63143 314-781-9262 Fax: 314-781-2034</p>
Pulaski County Health Dept. Pulaski Co.	<p>101 12<sup>th</sup> St. Crocker, MO 65452 573-736-2217 Fax: 573-736-5370</p>
Ripley County Health Dept. Ripley Co.	<p>1003 E. Locust St. Doniphan, MO 63935 573-996-2181 Fax: 573-996-7632</p>
Social Welfare Board (SWB) Buchanan Co.	<p>904 S 10<sup>th</sup> St. Suite A St Joseph, MO 64503 816-344-5233 Fax: 816-233-5296</p>
St. Francois County Health Dept. St. Francois Co.	<p>1025 W. Main (P.O. Box 367) Park Hills, MO 63601 573-431-1947 Fax: 573-431-7326</p>
Taney County Health Dept. Taney Co.	<p>15479 US Hwy 160 (P.O. Box 369) Forsyth, MO 65653 417-546-4725 Ext. 690 Fax: 417-546-4727</p>

Texas County Health Dept. Texas Co.	950 North Hwy 63, Suite 500 Houston, MO 65438 417-967-4131 Fax: 417-967-5700
Truman Medical Center – Hospital Hill (TruMed Clinic) Jackson Co.	2301 Holmes St. Kansas City, MO 64108 816-404-4023 Fax: 816-404-4021
Truman Medical Center –Lakewood Jackson Co.	7900 Lee's Summit Rd. ( <b>Main Site</b> ) Kansas City, MO 64139 816-404-6985 Fax: 816-404-6986  Grain Valley Family Medical Center (Satellite Site) 1439 Minister Way Grain Valley, MO 64029 816-404-6785 Fax: 816-404-6986
Washington County Health Dept. Washington Co.	520 Purcell Drive Potosi, MO 63664 573-438-2164 Fax: 573-438-2184
Wayne County Health Center Wayne Co.	113 Front St. (PO Box 259) Greenville, MO 63944 573-224-3218 Fax: 573- 224-3164
Your Community Health Center Phelps Co.	1050 West 10 <sup>th</sup> St. Suite 480 Rolla, MO 65401 573-426-4455 Fax: 573-426-4454

## WISEWOMAN MOST COMMONLY ASKED QUESTIONS

### “I HAVE A CLIENT WHO HAD AN INITIAL VISIT IN 2015 AND SHE IS COMING BACK FOR HER RESCREENING IN 2016. DO I ENTER THIS AS AN INITIAL OR AN ANNUAL?”

Any client who had a screening in 2015 was to be entered as a WISEWOMAN Initial Screening, even if she had been seen in the past. If the client was seen in 2015 for her WISEWOMAN Initial Screening and is returning now in 2017, this would be entered as a WISEWOMAN Annual Screening. If the client has not had a WISEWOMAN screening since before 2014, she would be entered as an Initial and then when she returns for her rescreening it would be entered as a WISEWOMAN Annual Screening.

### “IF THE CLIENT COMES IN NON-FASTING, WHAT LABS ARE REQUIRED FOR THE WISEWOMAN SCREENING TO BE COMPLETE?”

If the client comes in non-fasting, it is a recommendation by the WISEWOMAN staff to draw the client’s labs non-fasting. This would include an A1C, Total Cholesterol and HDL. This will make her record valid and your facility will be reimbursed for the screening. The client may return for a FASTING lipid panel on a separate day from her screening and the WISEWOMAN Program will reimburse for this fasting lipid panel. However, by drawing the minimum labs on a non-fasting client, this will ensure the client’s record is valid and will be reimbursed.

### “WHAT HAPPENS IF THE MEDICAL PROVIDER PERFORMS THE SHOW ME HEALTHY WOMEN SCREENING AND THE WISEWOMAN SCREENING ON DIFFERENT DATES?”

The Show Me Healthy Women Program determines the client eligibility and therefore, the client MUST receive a paid Show Me Healthy Women screening prior to a WISEWOMAN screening. The WISEWOMAN program will not be able to reimburse for a screening (initial or annual) that has been completed prior to a SMHW screening. If the WISEWOMAN screening is completed after the SMHW screening, then the WISEWOMAN screening would be non-integrated. The WISEWOMAN program is only allotted a certain number of non-integrated visits statewide, therefore the SMHW and WISEWOMAN screenings should be integrated.

### “WHAT MUST BE FILLED OUT FOR THE FOURTH FOLLOW-UP ASSESSMENT?”

The Fourth Follow-Up Assessment is completed 4-6 weeks after the client has completed three health coaching sessions. In order to bill and be reimbursed for the fourth follow-up, the WISEWOMAN provider must complete the Tan WISEWOMAN Assessment with the client (either in person or via telephone). The WISEWOMAN provider then bills this under the Follow-Up Screening, Non-Integrated.

## **“WHAT IF A HEALTH COACHING SESSION IS ALSO COMPLETED WITH THE FOURTH FOLLOW-UP ASSESSMENT?”**

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If the WISEWOMAN provider also completes a health coaching session in addition to filling out the tan WISEWOMAN assessment form, a fourth health coaching session can be billed and reimbursed. The Follow-Up Screening, Non-Integrated would be filled out as well as a Lifestyle Education Session. Since this is the client’s fourth health coaching session, the WISEWOMAN provider would start over on Health Coaching #1 for the Lifestyle Education.

## **“WHAT DO I DO IF THE CLIENT WANTS TO PARTICIPATE IN THE WISEWOMAN SCREENING BUT DOES NOT WANT TO PARTICIPATE IN HEALTH COACHING OR ANY LIFESTYLE EDUCATION PROGRAM?”**

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The WISEWOMAN program should be explained to the client in its entirety which includes the health coaching or lifestyle education portion of the program. This would serve as a health coaching referral. If the client refuses to participate in the health coaching portion or any other lifestyle education, then STILL perform the screening on the client. The WISEWOMAN program will reimburse for the screening even if the client refuses to participate in the health coaching portion of the program. The WISEWOMAN program simply asks that if the client refuses at the initial or annual screening, that the WISEWOMAN provider ask to obtain permission to contact the client back in 30-60 days to see if she is willing to participate at that time. If yes, then enroll the client in health coaching. If she still refuses, the WISEWOMAN program will still reimburse for the screening portion of the program.

## **“WHAT IF WE HAVE A CLIENT THAT IS BETWEEN THE AGES OF 35-40? SHOULD WE ENROLL HER IN THE WISEWOMAN PROGRAM IF WE ENROLL HER IN THE SMHW PROGRAM?”**

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Yes. The WISEWOMAN Program does have an allotted exemption for women 35-40 statewide. This is monitored by the WISEWOMAN central Office staff and the CDC monthly. Please be mindful of the number of women in this age range and inform central office staff so that the program can keep track of the number of these women we are serving.

## **“WHAT SERVICES MUST BE PROVIDED FACE-TO-FACE AND WHAT SERVICES CAN BE PROVIDED VIA THE TELEPHONE:”**

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This grant year, the following services **MUST** be conducted face-to-face: initial/annual screening, diagnostic office visits, blood pressure medical follow-up visits, and group health coaching. The following services can be conducted via the telephone: health coaching, risk reduction counseling

(only if the labs are not available same day as the screening), tobacco cessation education (included in the health coaching sessions).

### **“CAN I PERFORM A HEALTH COACHING SESSION THE SAME DAY AS THE WISEWOMAN SCREENING?”**

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Yes. The first health coaching session may be completed on the same day as the screening, on the same day as risk reduction counseling (if labs not available the same date as the screening) or within 2-4 weeks after the screening visit.

### **“WHAT HAPPENS IF I SUBMIT A FORM BUT NEED TO ADD INFORMATION TO THE FORM AT A LATER DATE:”**

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If information needs to be added to a WISEWOMAN form after it has been submitted, then your staff would need to contract the WISEWOMAN Education Coordinator to add any necessary information or change any information to the already submitted form.

### **“CAN I STILL BILL FOR A SCREENING IF THE CLIENT HAD LABS PERFORMED ELSEWHERE IN THE LAST 30 DAYS?”**

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Yes. If the client has had labs drawn at another facility in the 30 days prior or 30 days after the WISEWOMAN screening, these labs can be used for the WISEWOMAN screening. If the labs were drawn at an outside facility, they will need to be entered as ‘Reporting Only’ as the program cannot reimburse for labs performed by another facility.

### **“IF SMHW DOES NOT PAY FOR ANY SERVICE, CAN THE CLIENT STILL BE IN THE WISEWOMAN PROGRAM?”**

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No, the SMHW program determines the client eligibility and if the client is not eligible for the SMHW program, then the client cannot participate in the WISEWOMAN program. If the SMHW program denies payment on a claim for any reason, the WISEWOMAN claim will also be denied.

### **“IF THE NURSE TAKES TWO BLOOD PRESSURES FOR A WISEWOMAN SCREENING AND THEY ARE THE SAME, WHAT DO WE DO?”**

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The WISEWOMAN program requires that each client have two blood pressure measurements for the record to be valid. These measurements must also differ. If the nurse at your facility obtains two blood pressures that are the same, then a third blood pressure with a manual cuff should be taken in order to ensure accuracy of the machine measurements. The form will not be allowed to be submitted in MOHSAIC with two of the same blood pressure measurements.

## **“WHAT INFORMATION IS NEEDED ON A DIAGNOSTIC OFFICE VISIT FORM?”**

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If a client has a diagnostic office visit, then the facility must put the justification for the office visit on the form. This can be one or up to all four of the approved justifications, depending on what the medical provider addressed with the client. If the diagnostic office visit is for blood pressure and the client is seen the same day as the screening, the WISEWOMAN provider does not need to reenter the blood pressure measurements. If the diagnostic office visit is completed on a different date of service than the screening, then two blood pressure measurements should be recorded. Lab work does not need to be reentered on the screening form if it duplicate to the lab work performed on the screening form. Please enter all applicable notes at the bottom of the form. This would include treatment plan and follow-up needs for the client.

## **“WHAT IF THE CLIENT HAS AN ALERT VALUE BUT THE REFERRING CLINIC CANNOT SEE THE CLIENT WITHIN SEVEN DAYS?”**

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If the client is seen in-house, the client should be seen either immediately or within seven days of the alert value. The in-house clinic must follow-up with the client at least three times if the client does not show up to her appointments before she is coded as ‘lost to follow-up’. If the client is referred out to an alternate provider, and the appointment is made for greater than seven days, the WISEWOMAN provider needs to make appropriate documentation of this. The WISEWOMAN provider would also need to obtain records from the referring provider to report back to the WISEWOMAN program.

## **“HOW LONG CAN A CLIENT RECEIVE HEALTH COACHING?”**

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Three health coaching sessions completed within six months of a screening visit constitute completion of a health coaching record. Four to six weeks after completing the three health coaching sessions, a fourth follow-up assessment should be completed. If the client wishes to continue with health coaching, the WISEWOMAN program will continue to reimburse for health coaching sessions until the 12 months when she is due to come back for her annual rescreening. Health coaching will no longer be reimbursed until she has completed her annual screening.

## **“WHO DO I CALL IF I HAVE QUESTIONS REGARDING THE WISEWOMAN PROGRAM OR WISEWOMAN CLAIMS?”**

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Any questions regarding the WISEWOMAN program or WISEWOMAN claims should be addressed with the WISEWOMAN Education Coordinator. The WISEWOMAN Education Coordinator can be reached via email or phone at 573-522-2866.

## WISEWOMAN GLOSSARY OF TERMS

Below is a list of glossary terms that are commonly used by the WISEWOMAN Program.

### A

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**Alert Value** - A screening result that is abnormal and requires tracking by the provider and/or Show Me Healthy Women/WISEWOMAN Regional Program Coordinators to assure appropriate follow-up care is documented.

**A1C Test** – Glycated hemoglobin, as known as hemoglobin A1C or A1C, or sometimes also HbA1c. It is a hemoglobin test to measure the average plasma glucose concentration over previous months (approximately over six to 12 weeks of time; over a period of 120 days) to assess how diabetes is being controlled and is used in conjunction with home blood sugar monitoring to make adjustments in medicines for patients with diabetes.

For persons without diabetes, the normal range for the hemoglobin A1C test is between 4% and 5.6%. Hemoglobin A1C levels between 5.7% and 6.4% indicate increased risk of diabetes, and levels of 6.5% or higher indicate diabetes. Because studies have repeatedly shown that out-of-control diabetes results in complications from the disease, the goal for people with diabetes is a hemoglobin A1C less than 7%. The higher the hemoglobin A1C, the higher the risks of developing complications related to diabetes.

Breast and Cervical Cancer Early Detection Program (BCCEDP) a State/Tribal-level program is federal funded through the CDC resulting from the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) legislated in 1995. The WISEWOMAN program was a legislative supplement to the Breast and Cervical Cancer Mortality Prevention Act, in 1993 through legislative. WISEWOMAN originally began as a demonstration project and then as a program in 1995.

### B

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**Body Mass Index (BMI)** – A measurement of body mass that is correlated with skinfold thickness and body density.

### C

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**Cardiovascular** – Pertaining to the heart and blood vessels.

**Cholesterol** – A waxy, fat-like substance present in every cell in the body and in many foods.

**Community Health Workers (CHW)** - Are members of a community who are chosen by community members or organizations to provide basic health and medical care to their community.

**Control of Hypertension** – Managing hypertension to maintain blood pressure readings of <140 mmHg systolic and <90 mmHg diastolic.

**Current Procedural Terminology (CPT)** – A numeric coding system maintained by the American Medical Association (AMA), consists of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals.

## D

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**Diabetes** – Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance.

**Diabetes Prevention Program (DPP)** – A 12 month program to prevent or delay the onset of Type 2 Diabetes for people at an increased risk of developing the condition.

**Diagnostic Services** – Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding.

## E

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**Eating Smart-Being Active (ESBA)** – A research-based nutrition, food safety and food resource management education curriculum for low-income adults developed at Colorado State University and University of California at Davis

## F

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**Fasting** – Abstaining from all food and drink, 9 hours.

**Federal Poverty Level (FPL)** - A measure of income determined annually by the U.S. Census Bureau based on the last calendar year's increase in prices as measured by the Consumer Price Index. It is used to determine a person's eligibility for certain programs. A woman is eligible for SMHW/WISEWOMAN if her income is at or below 200 percent of the Federal Poverty Level.

**Follow Up Visit** – A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit, as abnormal or alert value.

**Health Education** - Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health.

**Health Promotion** - Activities directed toward developing the resources of clients that maintain or enhance well-being.

**Hypertension** – Persistently high arterial blood pressure

**Hypertension Control** – Managing hypertension to blood pressure readings of <140 systolic and <90 diastolic mmHg. For diabetic clients, or clients with chronic kidney disease, adequate control is <130/80 mmHg.

L

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**Lipid Panel** – A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides.

**Lost to Follow-up** – A participant who did not attend her scheduled workup within 3 months after a screening visit and could not be reached to reschedule another appointment.

M

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**Medical Professional/Clinician** - Physician, physician's assistant, certified nurse practitioner, certified nurse midwife or registered nurse.

**Million Hearts** – A national campaign formed to prevent one million heart attacks and strokes by 2017.

**Minimum Data Element (MDE)** - Clinical data items submitted to CDC two times a year.

**Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC)** – An online data system used to collect and manage client service records for the SMHW and WISEWOMAN programs.

**Missouri Council for Activity and Nutrition (MOCAN)** - A coalition comprised of representatives from statewide and local agencies, institutions, organizations, other coalitions and individuals who work together to advance the goals and objectives of the statewide plan, Preventing Obesity and Other Chronic Diseases: Missouri's Nutrition and Physical Activity Plan.

**Motivational Interviewing (MI)** - A counseling/conversation style that helps clients increase motivation and confidence to make behavior changes.

N

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**Normal Blood Pressure** – Systolic <120 mmHg and Diastolic <80 mmHg

**Nurse Practitioner** - A nurse who is licensed as a registered nurse (RN) and has taken additional highly specialized training and is nationally certified and recognized by the Missouri State Board of Nursing as an Advanced Practice Registered Nurse. Nurse practitioners must have written

collaborative agreements with a physician. They take on additional duties in diagnosis and treatment of patients, and in many states they may write prescriptions.

## O

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**Obese** – Having a body mass index (BMI) of 30 or above

## P

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**Pre-Hypertension** - Systolic 120-139 mmHg or Diastolic 80-89 mmHg

## Q

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**Quality Assurance (QA)** - The overall process of assessing and maintaining the highest possible quality in the acquisition and interpretation of results.

## R

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**Regional Program Coordinator (RPC)** - SMHW staff persons located in several regions of the state who assist with referrals for diagnosis and treatment and provide service coordination/case management services for women enrolled in SMHW.

**Risk Factors** – An aspect of personal behavior or lifestyle, environment exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent.

## S

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**Screening Guidelines** – Screening requirements for WISEWOMAN for reimbursement by program funder.

**Show Me Healthy Women (SMHW)** - The functional entity created within the Missouri Dept. of Health and Senior Services, Division of Community and Public Health, Section of Health Promotion and Chronic Disease Prevention, Bureau of Cancer and Chronic Disease Control, to implement and manage all components of the grant.

**S.M.A.R.T. Objectives** – S.M.A.R.T. objectives are specific, measureable, achievable, relevant, and time-bound.

**Stage 1 Hypertension** – Systolic 140-159 mmHg or Diastolic 90-99 mmHg

**Stage 2 Hypertension** – Systolic  $\geq$ 160 mmHg or Diastolic  $\geq$  100 mmHg

**Statewide Advantage for Missouri (SAM II)** – A system for reimbursing providers.

## U

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**Uncontrolled Hypertension** - Cases where treatment for hypertension has not achieved these target blood pressures.

**University of Missouri Extension (UME)** – Part of the national land-grant university and Cooperative Extension System, and brings research-based knowledge and information to people in their homes, workplaces and communities to improve the lives of Missourians.

## WISEWOMAN ABBREVIATIONS AND ACRONYMS

Below is a list of abbreviations and acronyms that are commonly used by the WISEWOMAN Program.

### A

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**5 A's** – Assess, Advise, Agree, Assist, and Arrange

**A1C Test** – Glycosylated hemoglobin test

**ACA** – Affordable Care Act

**ACS** – American Cancer Society

**ADA** – American Diabetes Association

**AHA** – American Heart Association

**AMA** – American Medical Association

**ATP III** – Adult Treatment Panel III Report (National Cholesterol Education Program, 2001).

### B

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**BCCEDP** - Breast and Cervical Cancer Early Detection Program

**BMI** – Body Mass Index

**BP** – Blood Pressure

**BRFSS** – Behavioral Risk Factor Surveillance System

### C

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**CDC** – Centers for Disease Control and Prevention

**CHD** – Coronary Heart Disease

**CHW** – Community Health Worker

**CLIA** – Clinical Laboratory Improvement Amendments

**CMS** – Centers for Medicare and Medicaid Services

**CPT** – Current Procedural Terminology

**CVD** – Cardiovascular Disease

**CVH** – Cardiovascular Health

**D**

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**DASH** – Dietary Approaches to Stop Hypertension

**DBP** – Diastolic Blood Pressure

**DHDSP** - Division for Heart Disease and Stroke Prevention

**DHSS** – Dept. of Health and Senior Services

**DOB** – Date of Birth

**DPP** – Diabetes Prevention Program

**DSS** – Dept. of Social Services

**E**

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**EFT** – Electronic Funds Transfer

**EHR** – Electronic Health Record

**ESBA** – Eating Smart – Being Active

**F**

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**FFR** – Federal Financial Report

**FLP** – Fasting Lipid Panel

**FOA** – Funding Opportunity Announcement

**FPG Test** – Fasting Plasma Glucose Test

**FPL** – Federal Poverty Level

**FSD** – Family Support Division

**FTE** – Full Time Employee

**H**

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**HBP** – High Blood Pressure

**HC** – Health Coach/Health Coaching

**HDL-C** – High-Density Lipoprotein Cholesterol

**HDS** – Heart Disease and Stroke

**HDSP** - Heart Disease and Stroke Prevention

**HIPPA** – Health Insurance Portability and Accountability Act

**HTN** – Hypertension

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I

**IFG** – Impaired Fasting Glucose

**IOV** – Integrated Office Visit

**ITSD** – Information Technology Services Division

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J

**JNC 7** – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7, 2007)

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L

**LDL-C** – Low-Density Lipoprotein Cholesterol

**LSP** – Lifestyle Program

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M

**MDE** – Minimum Data Element

**MI** – Motivational Interviewing

**MOCAN** - Missouri Council for Activity and Nutrition

**MOHSAIC** – Missouri Health Strategic Architectures and Information Cooperative

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N

**NBCCEDP** – National Breast and Cervical Cancer Prevention and Health Promotion

**NCCDPHP** – National Center for Chronic Disease Prevention and Health Promotion

**NCEP** – National Cholesterol Education Program

**NHLBI** – National Heart, Lung, and Blood Institute

**NIH** – National Institutes of Health

O

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**OATS** – Older American's Transport System, Inc.

**OGTT** – Oral Glucose Tolerance Test

**OMB** – Office of Management and Budget

P

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**PGO** - Procurements and Grants Office

R

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**RPC** – Regional Program Coordinator

**RRC** – Risk Reduction Counselor/Risk Reduction Counseling

S

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**SBP** – Systolic Blood Pressure

**S.M.A.R.T. Goals** – Specific, Measurable, Achievable, Realistic and Time-Based Goals

**SMBP** – Self-Measured Blood Pressure

**SMHW** – Show Me Health Woman

**SMTS** – Southeast Missouri Transit Services

**SSN** – Social Security Number

**STAT** – Screen/Test/Act Today

T

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**TC** – Total Cholesterol

**TOPS** – Take Pounds Off Sensibly

**TLC** – Therapeutic Lifestyle Changes

U

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**UME** – University of Missouri Extension

**USPSTF** – U.S. Preventive Services Task Force

W

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**WISEWOMAN** - Well-Integrated Screening and Evaluation for Women Across the Nation

Y

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**YMCA** – Young Men's Christian Association



**WISEWOMAN™**

Well-Integrated Screening and Evaluation  
for WOMEN Across the Nation

## WISEWOMAN

### YMCA Diabetes Prevention Program Referral Form

The YMCA's Diabetes Prevention Program helps adults at high risk for developing type 2 diabetes adopt and maintain a healthy lifestyle by eating healthier, increasing physical activity and losing a modest amount of weight in order to reduce their chances of developing the disease.

**Complete this form and fax to WISEWOMAN Education Coordinator at 573-522-2898**

Date of Referral: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**A1C/Blood Glucose:** \_\_\_\_\_ **BMI:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_



## WISEWOMAN Service Summary

### 2017-2018

#### Initial and Annual

**Screening:** (at same office visit as SMHW screening)

- Participant signs joint agreement to participate in both SMHW and WISEWOMAN services.
- Participant completes or reviews Patient history form (green form).
- Participant completes WISEWOMAN Assessment form (tan form-front and back).

#### Clinical Requirements:

- Height and weight for body mass index (BMI).
- Two blood pressure measurements. Recorded and Averaged.
- Waist/Hip Circumference (optional but recommended)
- Lab work:
  - ♥ Fasting Lipid Panel or Total Cholesterol and HDL (if-non fasting)
  - ♥ Blood Glucose Screening (BG Quantitative, BG regent strip or A1C)- blood glucose must be fasting.

#### Assessments and Referrals

- Evaluate screening results (including lab results when available).
- Assess and document clearance for physical activity.
- Schedule client for follow-up as needed: fasting lab work, diagnostic office visit and/or case management (alert values only).
- Ensure alert value screening results receive medical evaluation **within** 7 days.
- Document scheduled or completed medical evaluation in Section B of the WISEWOMAN screening form. If evaluation not completed within 7 days, note the justification code in comments or contact Education Coordinator.

#### Risk reduction counseling

(completed during screening office visit or LSP if lab results not available on screening date)

- Provide screening results to client both verbally and in writing.
- Explain identified risk factors and recommendations to reduce risk.
- Refer client to LSP either on site or at referral agency.
- If client smokes, refer to Tobacco Quitline as appropriate.
- Refer client to available community resources to support healthy lifestyle habits.
- If client refuses LSP or medical referral, note this in comments on the screening form. Ask for participant's permission to contact in 30-60 days to assess readiness for change.

#### Lab only

(only if indicated)

- Draw fasting blood for lab work, if 1<sup>st</sup> labs were non-fasting and abnormal or 2<sup>nd</sup> lab work is needed for diagnosis and/or treatment. Repeat labs must be fasting and drawn on a different day.
- Schedule lab work so results are known at diagnostic visit, if feasible.

#### Diagnostic office visit, 30-minute office visit

(only if indicated by abnormal blood pressure, cholesterol, blood glucose results and/or smoking cessation assistance)

- Evaluate client's risk factors and provide diagnosis and treatment recommendations, if applicable.
- Prescribe medication, if applicable.
- Assist client with access to low-cost or free medications.
- Measure blood pressure to verify elevated readings on initial visit.
- Schedule or confirm scheduled LSP.
- Document results and referrals on Section C of the screening form.

#### LSP

- Provide LSP based on client's risk factor(s) and readiness to change.
- Link client to community resources to support healthy habits.
- An assessment form must be completed as part of the follow-up to health coaching.